STATE OF MARYLAND—CERTIFICATE OF DEATH

03259

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Rural near Layhill, No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Life yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Isaac Hedley Beall If U. S. Veteran, specify WAR no

(a) Residence: No. Rural near Layhill, Md St., Ward. no social security number

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
M	W	Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) October 25, 1861

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	79	5	16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Farmer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Farm

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Layhill, Maryland

FATHER

13. NAME Isa Beall

14. BIRTHPLACE (city or town) (State or country) Maryland

MOTHER

15. MAIDEN NAME Elizabeth Cashell

16. BIRTHPLACE (city or town) (State or country) Maryland

17. INFORMANT Mr. Everett Beall

(Address) Rockville, Md. R.F.D. # 3

18. BURIAL, ~~CREMATION, OR REMOVAL~~

Place Rockville Union Cem. Date March 13, 1940

19. UNDERTAKER Wm. Reuben Pumphrey

(Address) 7005 Wisconsin Ave., Bethesda, Md.

20. FILED 3-13, 1940 Marguerite C. Trescarne Local Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 11 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from 12-28, 1936, to 3-11, 1940

I last saw him alive on 3-11, 1940; death is said to have occurred on the date stated above, at 7:00 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Hypertensive Heart Disease	?
Chronic glomerulonephritis	?
Cerebral Hemorrhage	3-5-40
Myocardial Decompensation Ringeture (failure)	3-6-40
Uremia	3-10-40

Other Contributory Causes of importance:

Chronic Cholecystitis	?
Chronic Nephritis	?

Name of operation none Date of

Whet test confirmed diegnosis? Phys. exam Was there an autopsy? NO

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? NO

If so, specify

(Signed) J. Wilkins Coogle M. D.

(Address) Kensington, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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U. S. BUREAU

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03260

CERTIFICATE OF DEATH

Reg. Dist. No. 211

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Sewisdale
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 81 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Sewisdale Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Richard Cronin Beall

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M.	W	Widowed

6 (b) Name of husband or wife: Sally Beall
6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.): Sept. 14, 1858

8. AGE:

Years	Months	Days	If less than one day
81	5	21	hrs. min.

9. Birthplace: nr. Brookeville, Md.
(Town, county, and state)
10. Usual occupation: Retired Farmer
11. Industry or business: General Farming

FATHER
12. Name: Barry Basil Beall
13. Birthplace: nr Brookeville, Md.

MOTHER
14. Maiden name: Evelina Beall
15. Birthplace: nr. Brookeville, Md.

16. Informant: Leslie Beall
Address: R.D. Clarksburg, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 7, 1940 (month) (day) (year)
Cemetery or crematory: Bethesda Cemetery
Location: nr Brookeville Md

18. Funeral director: J. B. Beall, Inc.
Address: Damascus Md

19. Mar 5 1940 (Date rec'd by registrar) Della N. Burdette Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 5 1940, at 4 a. M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from at intervals for many years 19 to 19, and that I last saw him alive on March 5 1940.

Immediate cause of death	DURATION
Probably Coronary Occlusion — Death instantaneous	
Due to Arterio Sclerotic Heart disease	10 yrs
Due to Hypertension	20 yrs
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy: — No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: George M. Boyer, M. D.
M. D. or other
Address: Damascus, Md. Date signed 3-5-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03261

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Bethesda
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Cedar Lane

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Cedar Lane
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Edna Mae Blum

3. (b) Social Security Number 579-07-8046

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married.

B (b) Name of husband or wife William Blum.

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) May 7, 1906

8. AGE:

Years	Months	Days	If less than one day
33	10	4	hrs. min.

9. Birthplace Easton, Pa.
(Town, county, and state)

10. Usual occupation Awning Operator

11. Industry or business

FATHER
12. Name John A. Williams
13. Birthplace New Jersey

MOTHER
14. Maiden name Susan Grube
15. Birthplace Pa

16. Informant Mrs. William Blum
Address Cedar Lane, Bethesda Md.

17. Burial Date thereof March 17, 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory Mt. Zion

Location Bethesda, Md.

18. Funeral director Warner E. Pumphrey.
Address 8424 Ga. ave Silver Spring Md

19. Mar. 13 1940 B. C. Perry M. D.
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 11 1940, at 7:45 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 11 1939 to Mar. 11 1940, and that I last saw h alive on March 11 1940

Immediate cause of death	Endocarditis	DURATION
Due to		
Due to		
Other conditions	Diabetes	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. A. A. Blum
M. D. ~~or other~~

Address Bethesda Md. Date signed 3-22-40

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

CERTIFICATE OF DEATH

03262

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-AT5

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 31 days

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Brookeville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Between Sunshine & Patuxent River

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Mrs. Addie Brown

3. (b) Social Security Number no

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	white	Widowed.

6 (b) Name of husband or wife Mr. Uriah Brown

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) January 10, 1859

8. AGE:

Years	Months	Days	If less than one day
81	2	14	— hrs. — min.

9. Birthplace Montgomery Co. Maryland (Town, county, and state)

10. Usual occupation —

11. Industry or business Home

FATHER

12. Name Nathaniel Casey

13. Birthplace Montgomery Co. Maryland.

MOTHER

14. Maiden name Ella Jane Barnes

15. Birthplace Montgomery Co. Maryland.

16. Informant Hospital records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 27-1940 (month) (day) (year)

Cemetery or ~~crematory~~ Patuxent

Location Sunshine Md Montgomery Co

18. Funeral director Roy W Barber

Address Laytonsville Md

19. March 26 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 5:P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 22nd 1940, to March 24 1940, and that I last saw her alive on March 24 1940.

Immediate cause of death	OURATION
Uremia	4 days
Due to Hypertension & Chr Nephritis	Unknown
Due to —	
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Chas E Tompkinson M. D. or other

Address Sandy Spring, Md. Date signed

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BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (106-a)

CERTIFICATE OF DEATH

03263

Reg. Dist. No. 211

1. PLACE OF DEATH:
County Montgomery
City or town Olegettsville Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Sixty five

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Monty
City or town Olegettsville Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME George Edward Brown

3. (b) Social Security Number none

4. Sex Male
5. Color or race W
6. (a) Single, married, widowed, or divorced Widowed
6 (b) Name of ~~husband or~~ wife Miranda Brown
6(c) If alive, give age — years
7. Birth date of deceased (mo., day, yr.) 28 April, 1855

8. AGE: Years 84 | Months 10 | Days 17 | If less than one day ___ hrs. ___ min.

9. Birthplace Montgomery Co (Town, county, and state)
10. Usual occupation Labor
11. Industry or business Farm
FATHER
12. Name Ephram H Brown
13. Birthplace Montgomery
MOTHER
14. Maiden name Roda Watkins
15. Birthplace Montgomery Co
16. Informant Mrs Annie Kellmett
Address Monrovia Md
17. Burial (Burial, cremation, ~~or removal~~. Which?) Date thereof March 17 1940 (month) (day) (year)
Cemetery or ~~crematory~~ Montgomery Chapel Md
Location Near Olegettsville Md
18. Funeral director Roy W Barber
Address Laytonsville Md
19. Mar 17 1940 (Date rec'd by registrar) Della W. Burdette Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 15 1940, at a M
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1940, to March 15 1940, and that I last saw him alive on March 14 1940
Immediate cause of death Acute Uraemic Poisoning — DURATION 2 days
Due to Arteriosclerosis — unknown
Due to Acute Bronchitis — 3 days
Other conditions
(Include pregnancy within 3 months of death)
Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE George M Boyer M. D. or other
Address Damascus, Md Date signed 3-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

93-a

03264

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: Montgomery Co. General Hospital
Stay in hospital or inst. (yrs., or mos., or days) 6 Days
Stay in this community (yrs., or mos., or days) 6 Days

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Laura Brown

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Widowed

B (b) Name of husband or wife Bradley Brown
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 11 1888

8. AGE: Years 52 | Months | Days 15 | If less than one day hrs. min.

9. Birthplace Maryland (Town, county, and state)

10. Usual occupation House work

11. Industry or business Home

FATHER 12. Name John Johnson
13. Birthplace Maryland

MOTHER 14. Maiden name Sarah Lincoln
15. Birthplace Maryland

16. Informant HOSPITAL RECORD
Address Olney, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 29 1940 (month) (day) (year)
Cemetery or crematory Mt Zion
Location Mt Zion
18. Funeral director Robert L. Lancaster
Address Rockville Md

19. March 29 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 26th 1940, at 6A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 16 1940, to March 26 1940, and that I last saw her alive on March 26 1940.

	DURATION
Immediate cause of death Myocarditis	
following Lobar Pneumonia	1 mo
Due to Bronchial Asthma	6 Mo
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy —

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, Industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas E. Smeltzer M. D. or Other
Address Sandy Spring Md. Date signed 3/28/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03265

(13ba)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:

County Montgomery

City or town White Oak R.F.D. Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town White Oak Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Brown, Marshall

3. (b) Social Security Number none

4. Sex Male

5. Color or race A.A.

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of ~~husband or~~ wife Annie Brown

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years 80 | Months | Days | If less than one day hrs. min.

9. Birthplace Silver Spring Md
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business

FATHER
12. Name George Brown
13. Birthplace Maryland

MOTHER
14. Maiden name Unknown
15. Birthplace

16. Informant Lillian Kelly
Address 1916 - 10th St NW W.C.

17. Burial
(Burial, ~~cremation, or removal~~ Which?)
Date thereof 3 - 7 - 1940
(month) (day) (year)

Cemetery or ~~crematory~~ Colesville

Location Colesville, Maryland

18. Funeral director W. Ernest Jarvis W.C.
Address 1432 - you St NW

19. ~~Feb~~ Mar. 4 1940
(Date rec'd by registrar)
F. E. Dudley Jr
Dept. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at M

21. I CERTIFY that death occurred on the date above stated: that I attended deceased from August 28 1933, to March 3 1940, and that I last saw him alive on March 2 1940.

Immediate cause of death
Recurrent Hemiplegias 6.2.39

DURATION
12.17.38
1.3.40

Due to Cardiorenal vascular sclerosis

Due to Endarteritis Obliterans c̄ Terminal Gangreene Toes

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Webster Sewell M.D.
M. D. or other

Address Norbeck Date signed 3.3.40

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APR 7 1940
BUREAU V. S.

Marshall Brown

I have phoned Dr. Sewell three times for the hour of death and he has failed to leave the information with his nurse. When I get this from her, I will forward it to you.

M. C. Trenchard

03266

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital or institution: #27 Dennwood ave

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 2 1/2 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Takoma Pk Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 27 Dennwood
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Frances Stewart Buehler

3. (b) Social Security Number

4. Sex F

5. Color or race W

6. (a) Single, married, widowed, or divorced Widowed

6 (b) Name of husband or wife Percy E Buehler

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 21 1891

8. AGE: Years 48? Months Days If less than one day ____ hrs. ____ min.

9. Birthplace Wash. DC (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name David H. Pugh
13. Birthplace Fairfax Va

MOTHER
14. Maiden name Mary S. Lewis
15. Birthplace Va.

16. Informant Mrs B M Connelly

Address #17 Pine ave

17. Removal Wash. DC Date thereof Mar. 7-1940
(Burial, cremation, or removal. Which?) (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director S.H. Hines Co.

Address 2920 - 14th St. N.W.

19. Mar. 7th 1940 J Helen Dodd
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 4 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 5 1938, to March 7 1940, and that I last saw her alive on March 7 1940.

Immediate cause of death Respiratory Failure — DURATION 2 hrs.

Due to Carcinoma of Lung Primary in the large intestine. Sec. Br. — 6 months

Due to Carcinoma of Liver and large intestine — 2 years.

Other conditions Secondary in liver, from July, 1939; Secondary in lung, from August or September 1939.
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE G B Queen M. D. or other

Address 112 Willow Ave Takoma Park, MD. Date signed 3/7/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15 (1) (T)

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03267

CERTIFICATE OF DEATH

Reg. Dist. No. 2-14

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Silver Spring, Md.

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 610 Maryland Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Silver Spring Ward No.:

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 610 Maryland Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: —

3. (a) FULL NAME: Arthur Talmadge Burke, Sr.

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of husband or wife: Margaret A. Burke

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 6, 1883

8. AGE:

Years	Months	Days	If less than one day
56	4	8	hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Retired Govt. Employee

11. Industry or business: in Civil Accounting Office

FATHER

12. Name: Wm. H. Burke

13. Birthplace: Md.

MOTHER

14. Maiden name: Evie Wood

15. Birthplace: Md.

16. Informant: Mrs. Arthur T. Burke, Sr.

Address: 610 Md. Ave., Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 17, 1940 (month) (day) (year)

Cemetery or crematory: Providence M. E. Church Cem.

Location: Kemptown, Md.

16. Funeral director: Warnick & Pumphrey

Address: Silver Spring, Md.

19. Mar 17 1940 (Date rec'd by registrar) E. E. Worden Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 14 1940, at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Sept 15 1938, to March 14 1940 and that I last saw him alive on March 14 1940.

Cause of death	DURATION
Immediate cause of death: Coronary Thrombosis	24 hours
Due to: Arteriosclerosis with hypertension	5 years
Due to:	
Other conditions: Right Hemiplegia resulting from Cerebral hemorrhage	2 years

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, Industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: H. H. Howlett M.D.

M. D. or other

Address: 928 Sligo Ave., Silver Spring, Md. Date signed: March 16, 1940.

Services at 1 P.M. Sunday F.H.
Interest Providence Cemetery ~~Kempton~~ Md.
Kentown.

RECEIVED
MAR 23 1940
BUREAU V, S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore 138-2

03268

CERTIFICATE OF DEATH

Reg. Dist. No. 2 17

1. PLACE OF DEATH:
County Montgomery
City or town Olney (If outside city or town limits, write RURAL or NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days) 8
Stay in this community (yrs., or mos., or days) Sixty Years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Rural Near Olney Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary E Burke

3. (b) Social Security Number —

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col	Married

6 (b) Name of husband or wife of Robert Burke
6(c) If alive, give age 62 years

7. Birth date of deceased (mo., day, yr.) May 1 - 1879

8. AGE: Years	Months	Days	If less than one day
60	10	19	hrs. min.

9. Birthplace Montgomery Co Md (Town, county, and state)
10. Usual occupation House Wife
11. Industry or business Home
FATHER 12. Name Perry Snowden
FATHER 13. Birthplace Montgomery Co Md
MOTHER 14. Maiden name Elizabeth Owens
MOTHER 15. Birthplace Montgomery Co Md
16. Informant Robert Burke
Address Rockville Md
17. Burial (Burial, cremation, or removal. Which?) Date thereof March 21-1940 (month) (day) (year)
Cemetery or crematory Mt Zion Md
Location Montgomery Co Md
18. Funeral director Roy W Barber
Address Colesville Md
19. March 21 1940 (Date rec'd by registrar) Gertrude B. Fowler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/19 1940, at 8 3/4 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-18- 1939, to 3-18- 1940 and that I last saw her alive on 3-18-40 19

Immediate cause of death	DURATION
Chronic Myocarditis with Chronic Nephritis	2 yrs
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas E. Tomlinson M. D. or other
Address Sandy Spring Md Date signed 3-21-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (942)

03269

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days) —

Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Takoma Park, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 125 Chestnut St.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME LUTHER S. CANNON

3. (b) Social Security Number none

4. Sex: Male

5. Color or race: White

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife Minna Atkinson Cannon

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 5, 1868

8. AGE: Years 72 | Months 2 | Days 9 | If less than one day ____ hrs. ____ min.

9. Birthplace Morganton, No. Carolina
(Town, county, and state)

10. Usual occupation Attorney

11. Industry or business Sawyer

FATHER
12. Name Issac Cannon
13. Birthplace No. Carolina

MOTHER
14. Maiden name Susan Worlick
15. Birthplace No. Carolina

16. Informant Minna A. Cannon

Address 125 Chestnut St.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/16/40 (month) (day) (year)

Cemetery or crematory Rock Creek Cem.

Location Washington, D. C.

18. Funeral director Martin W. Hysong Co.

Address 1300 - N ST. N.W.

19. 3/14 1940 (Date rec'd by registrar) J. H. Marvell Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 14 1940, at 3 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 8 1940, to March 14 1940, and that I last saw him alive on March 14 1940.

Immediate cause of death Coronary Thrombosis — DURATION 5 days

Due to arteriosclerosis — years

Due to

Other conditions Chronic Myocarditis — several years

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of Injury ____ Injured at work?

23. SIGNATURE Clayton Hawfield M.D. M. D. or other

Address 1616-16 Mass Ave. Date signed 3-14-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

03270

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93.1)

CERTIFICATE OF DEATH

Reg. Dist. No. 43

1. PLACE OF DEATH:

County Montgomery

City or town Rural near Rockville (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R F D Rockville

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life in Co - 36 yrs Rockville

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural no. Rockville Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. R F D Rockville (If rural give LOCATION)

2(c) IF VETERAN, NAME WAR no

3. (a) FULL NAME Londonia Clara Case

3. (b) Social Security Number none

4. Sex Female

5. Color or race White

6. (a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Tyler Case

6(c) If alive, give age about 60 years

7. Birth date of deceased (mo., day, yr.) June 4 - 1887

8. AGE: Years 52 Months 9 Days 20 If less than one day ___ hrs. ___ min.

9. Birthplace Garret Park - Montg Co Md (Town, county, and state)

10. Usual occupation House wife

11. Industry or business Own home

FATHER 12. Name John Mullican

13. Birthplace Maryland -

MOTHER 14. Maiden name Martha Blundon

15. Birthplace Maryland

16. Informant Mrs Martha B. Mullican

Address Rockville - Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar 26-1940 (month) (day) (year)

Cemetery or crematory Rockville Union

Location Near Rockville

18. Funeral director Wm. Reuben Dumphrey

Address Rockville & Bethesda

19. 3-25 (Date rec'd by registrar) 1940 Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 24 1940, at 4 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 13 1939, to March 24 1940, and that I last saw her alive on March 23 1940.

Immediate cause of death: Chronic myocarditis, with auricular fibrillation, cardiac decompensation, and terminal uremia.

Due to

Other conditions: Obesity, Severe varicose veins, legs (Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

DURATION: 1 year; 10 years

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ___ Date of ___

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury ___ Injured at work?

23. SIGNATURE Wm A. Linthicum, M.D. M. D. or other

Address Rockville, Md. Date signed 3/25/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH
2411 N. Charles St., Baltimore (157-21)

03271

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:
County Monto
City or town near Sellman
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) 2 hrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State County
City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Wm David Catron

3. (b) Social Security Number

4. Sex M
5. Color or race W
6. (a) Single, ~~married, widowed, or divorced~~ Sing

B (b) Name of husband or wife
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) Mar 14 - 1940

8. AGE: Years | Months | Days | If less than one day 2 hrs. 15 min.

9. Birthplace near Sellman Md
(Town, county, and state)

10. Usual occupation —

11. Industry or business

FATHER
12. Name Owen B Catron
13. Birthplace Nebo Va

MOTHER
14. Maiden name Nellie Dollehan
15. Birthplace Chilhowie Va

16. Informant Md Owen Catron
Address Sellman Md

17. Burial Date thereof Mar 15/40
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory Comas Cemetery
Location Comas Md

18. Funeral director Wm B Hilton
Address Boonsville Md

19. Mar 14 1940 E W White
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 14 1940, at 4:30 a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 14 1940, to Mar 14 1940, and that I last saw him alive on Mar 14 1940.

Immediate cause of death Congenital heart

Due to Premature birth about 6 1/2 mo

Due to in utero

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE E W White
M. D. or other
Address Boonsville Date signed 3/14/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

03272

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery County Registration Dist. No. 223

Village or City Takoma Park No. Washington Sanitarium & Hospital Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred ____ yrs. ____ mos. ____ ds. How long in U.S. if of foreign birth? ____ yrs. ____ mos. ____ ds.

2. FULL NAME Mr. Joseph Mitchell Chesser If U. S. Veteran, specify WAR ____

(a) Residence: No. 5013 Illinois Avenue St., Ward. Washington, D.C. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Male

4. COLOR OR RACE: White

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Single

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of

6. DATE OF BIRTH (month, day, and year) Oct. 18, 1895

7. AGE: Years 44 | Months 4 | Days 16 | If LESS than 1 day, ____ hrs. or ____ min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Builder

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Own business

10. Date deceased last worked at this occupation (month and year) 2-28-40

11. Total time (years) spent in this occupation 7-8 years

12. BIRTHPLACE (city or town) (State or country) St. George Island, Maryland U.S.A.

FATHER

13. NAME Richard W. Chesser

14. BIRTHPLACE (city or town) (State or country) St. George Island, Maryland U.S.A.

MOTHER

15. MAIDEN NAME Cora V. Hobbs

16. BIRTHPLACE (city or town) (State or country) St. George Island Maryland, U.S.A.

17. INFORMANT (Address) Washington Sanitarium Records, Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Cedar Hill Date 3/8/ 1940

19. UNDERTAKER (Address) H. J. Talturell Wash. D.C.

20. FILED Mar. 5, 1940 J. Wilson Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 5 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from February 28, 1940, to March 5, 1940

I last saw him alive on March 5, 1940; death is said to have occurred on the date stated above, at 3:18 p.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Subacute Nephritis With Uremia.	Feb 21?

Other Contributory Causes of importance:

(1) Bronchio pneumonia

(2) Hypertension

(3) Cardiac Infarct.

Name of operation None Date of ____

What test confirmed diagnosis? Autopsy. Was there an autopsy? Yes.

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? ____ Date of injury ____, 19____

Where did injury occur? ____ (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury ____

Nature of injury ____

24. Was disease or injury in any way related to occupation of deceased? No.

If so, specify ____

(Signed) J. Paul Shively M.D. M. D.

(Address) Takoma Park Maryland.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and own **home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a **clerk.**

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

MAR 9 1928

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (163-O)

03273

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town 6812 Mass. Ave., Extended (In Garage)
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 4606 Highland Avenue
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Milton A. Christie

Poss. -577-12-5548

3. (b) Social Security Number NW.

4. Sex Male

5. Color or race White

6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Jocelyn Christie

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) January 1, 1911

8. AGE: Years 29 Months 2 Days 10 If less than one day ____ hrs. ____ min.

9. Birthplace Columbus, Ohio
(Town, county, and state)

10. Usual occupation Stationery Salesman

11. Industry or business

FATHER
12. Name Arthur C. Christie
13. Birthplace West Sunbury, Pennsylvania

MOTHER
14. Maiden name Maude I. Hopkins
15. Birthplace New Lehanon, Pennsylvania

16. Informant Arthur C. Christie

Address 4525 Cathedral Ave., N.W., Wash., D.C.

17. Cremation (Burial, cremation, or removal. Which?) Date thereof March 14, 1940 (month) (day) (year)

Cemetery or crematory Cedar Hill Crematory

Location Washington, D.C.

18. Funeral director Wm Reuben Pumphrey

Address 7005 Wis Ave Bethesda Md

19. Mar. 14 1940 (Date rec'd by registrar) B.C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH About 10:00 P.M. 3-11 1940, at ____ M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Coroner Case 19____, to ____ 19____,

and that I last saw h____ alive on ____ 19____.

Immediate cause of death Carbon Monoxide Poisoning (Suicide)

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 3/11/40

Where did injury occur? 6812 Mass. Ave., Montg, Md.
(City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Suicide Injured at work?

23. SIGNATURE C. E. Hawkes
Deputy Med Examiner of Prince Co

Address Rockville Md Date signed 3/13/40

RECEIVED
APR 9 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03274

(940)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. 50 WOODLAND AVE St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME DANIEL DAVIS CLINE If U. S. Veteran, specify WAR

(a) Residence: No. 50 WOODLAND AVE St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: M

4. COLOR OR RACE: W

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): Married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Ethel G. Cline

6. DATE OF BIRTH (month, day, and year) April 29, 1878.

7. AGE: Years 61 | Months 11 | Days 2 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired-Lawyer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. Federal Housing Assn.

5X99

10. Date deceased last worked at this occupation (month and year) 1937.

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Magnolia. La.

FATHER

13. NAME Orville Hillon Cline

14. BIRTHPLACE (city or town) (State or country) La.

MOTHER

15. MAIDEN NAME Mary C. Deering

16. BIRTHPLACE (city or town) (State or country) La.

17. INFORMANT Ethel G Cline (Address) 50 Woodland Ave. Takoma Park, Md.

18. BURIAL, CREMATION, OR REMOVAL Place Natl Capitol Memorial Park Date April 1, 1940.

19. UNDERTAKER J Arthur Walters (Address) 254 Carroll St. Takoma Park, D.C.

20. FILED Apr. 31, 1940 J. Wm. Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar. (Month) ~~30~~ 31st (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar. 17, 1940, to Mar. 30, 1940

I last saw him alive on Mar. 30, 1940; death is said to have occurred on the date stated above, at 1 A. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
arterio-sclerosis	Indefinite

Other Contributory Causes of Importance:

Coronary thrombosis	3 days

Name of operation none Date of

What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) A. B. Little M. D.

(Address) 6911 5th st. N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1. Wash. DC

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED APR 6 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03275

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83a)

CERTIFICATE OF DEATH

Reg. Dist. No. 212

1. PLACE OF DEATH:

County Montgomery

City or town Near-Comus, Boyd, R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 30 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State County

City or town Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Bessie May Dillehay

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
F	W	Married

B (b) Name of husband or wife John A. Dillehay

6(c) If alive, give age 65 years

7. Birth date of deceased (mo., day, yr.) March 28-1872

8. AGE:

Years	Months	Days	If less than one day
67	11	7	hrs. min.

9. Birthplace Comus, Montg Co. Md
(Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER
12. Name Nathan Keith
13. Birthplace Maryland

MOTHER
14. Maiden name Jennie Nicholson
15. Birthplace Maryland

16. Informant John A. Dillehay
Address Boyd, R.F.D. Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/8/40 (month) (day) (year)

Cemetery or crematory Methodist

Location Hyattstown

19. Funeral director William B. Hilton
Address Barnesville, Maryland

19. 3/7/40 (Date rec'd by registrar) 19 Mrs C. C. Hilton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar - 5 - 1940, at 7 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar - 5 - 1940 to Mar - 5 - 1940, and that I last saw her dead alive on Mar - 5 - 1940

Immediate cause of death	DURATION
Cerebral Hemorrhage	½-1 hr.
Due to High Arterial Tension	10 years
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE William C. Miller M.D. M. D. or other

Address Gaithersburg, Md Date signed Mar-6-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 6 1940
BUREAU V. S.

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92-2)

03276

CERTIFICATE OF DEATH

Reg. Diat. No. 214

1. PLACE OF DEATH:
County Montgomery
City or town Silver Spring
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 4 Parkside Road
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Silver Spring Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 4 Parkside Road
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Louise Augusta Dillon

3. (b) Social Security Number none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband ~~or wife~~ Arthur Lee Dillon

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept. 7, 1896

8. AGE:

Years	Months	Days	If less than one day
43	5	24	____ hrs. ____ min.

9. Birthplace Iowa (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own home

FATHER
12. Name John P Saiffer
13. Birthplace Germany

MOTHER
14. Maiden name Leana Speyer
15. Birthplace Dickson, Ill.

16. Informant Arthur A. Dillon
Address 4 Parkside Rd., Silver Spring, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mch. 5, 1940 (month) (day) (year)
Cemetery ~~or crematory~~ Colesville Methodist Church
Location Colesville, Md.

18. Funeral director Warner E. Pumphrey
Address Silver Spring, Md.

19. Mar. 4 1940 (Date rec'd by registrar) F. E. Dudley Jr. Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 5:30 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from January 15 1940, to March 1 1940 and that I last saw her alive on February 29 1940.

Immediate cause of death	DURATION
Heart Failure	
Due to Chronic Valvular Heart Disease	1 year
Due to Arteriosclerosis with Hypertension	6 Six Months
Other conditions Cerebral Hemorrhage (Paralysis left arm)	2 weeks

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE H. H. Howlett M. D. or other
Address 928 Sligo Ave. Silver Spring, Md. Date signed March 4, 1940

RECEIVED
APR 7 1940
BUREAU V. S.

03277

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (157-2)

County Montgomery Registration Dist. No. 223-

Village or City Takoma Park No. Washington Sanitarium and Hospital Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred — yrs. 4 mos. — ds. How long in U. S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Jackie Eldon Dorman If U. S. Veteran, specify WAR

(a) Residence: No. 711 Kennebec Ave. St., Ward. Takoma Park, Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Male	White	Single

5a. If married, widowed, or divorcad
HUSBAND of
(or) WIFE of

6. DATE OF BIRTH (month, day, and year) April 18, 1939

7. AGE Yaars	Months	Days	If LESS than I day, hrs. or min.
—	10	17	

OCCUPATION

8. Trade, profassion, or particular kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc. None

9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Data dacaased last worked at this occupation (month and yaar) —

11. Total time (yaars) spant in this occupation —

12. BIRTHPLACE (city or town) Price
(Stata or country) Utah

FATHER

13. NAME J. Eldon Dorman, M.D.

14. BIRTHPLACE (city or town) Wray
(Stata or country) Colorado

MOTHER

15. MAIDEN NAME Nettie M. Baerg

16. BIRTHPLACE (city or town) Bismarck
(State or country) North Dakota

17. INFORMANT Washington Sanitarium and Hospital Records
(Address)

18. BURIAL, CREMATION, OR REMOVAL Interment Glen
Place Rock Creek Memorial Park Date Mar 8, 1940

19. UNDERTAKER Arthur Walker
(Address) 257 Carroll St. N.W. Takoma Park D.C.

20. FILED Mar. 6, 1940 J. Wm. Dodd
Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH
March 6, 1940
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar 5, 1940, to Mar 6, 1940

I last saw him alive on Mar 6, 1940; death is said to have occurred on tha date stated above, at 11:20 A m.

The PRINCIPAL CAUSE OF DEATH and related causas of importance ware as follows:

	Date of onset
Bronchial Pneumonia	Mar 5-40
Other Contributory Causes of Importance: Congenital Heart Disease (Malformation)	1939

Name of operation None Date of

What test confirmed diagnosis? Was there an autopsy? No

23. If daath was due to external causes (VIDLENCE) fill in also the following:

Accidant, suicida, or homicide? Data of injury, 19

Where did injury occur?
(Specify city or town, county and State)

Specify whathar injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Natura of injury

24. Was diseasa or injury in any way ralatad to occupation of dacaased? No

If so, spacify

(Signed) George M. Gubler M. D.

(Addrass) Takoma Park, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

V. S. No. 1

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03278

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (50)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days): 9 days

Stay in this community (yrs., or mos., or days): —

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 6303 Florida Street (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Venita Edwards

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Mr. Russell Edwards

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): December 11 – 1892

8. AGE: Years: 47 Months: 3 Days: 3 If less than one day: hrs. min.

9. Birthplace: St. Louis, Missouri (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER
12. Name: Frederick J. Parker
13. Birthplace: Davenport, Iowa

MOTHER
14. Maiden name: Sophia Millerman
15. Birthplace: ?, Missouri

16. Informant: Washington Sanitarium & Hospital Records

Address: Takoma Park, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 17, 1940 (month) (day) (year)

Cemetery ~~or crematory~~: Natl. Mem. Park.

Location: Virginia

18. Funeral director: Wm. Reuben Pumphrey

Address: 7005 Wis. Ave. Bethesda, Md.

19. Mar. 15 1940 (Date rec'd by registrar) J. Wm. Reed Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15 1940, at 2:55 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 6 1940, to Mar 15 1940, and that I last saw her alive on Mar 14 1940.

	DURATION
Immediate cause of death: Carcinoma of lung (metastatic from left breast)	6 mos
Due to: Carcinoma of left breast	2 yrs
Due to:	
Other conditions: Secondary anemia	1 year

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: A. E. Coyne MD M.D. or other

Address: Takoma Park Md. Date signed: Mar 15

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03279

(1317)

CERTIFICATE OF DEATH

Reg. Dist. No. 214

1. PLACE OF DEATH:
County: Montgomery
City or town: Kensington
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 56 Connecticut Ave.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): 22 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Kensington Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.: 56 Connecticut Ave.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Lucien B. Ernest

3. (b) Social Security Number: none

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male male	white	married

6 (b) Name of husband or wife: Lottie A. Ernest
6(c) If alive, give age: 55 years

7. Birth date of deceased (mo., day, yr.): March 20 1885

8. AGE: Years	Months	Days	If less than one day
54	11	25	hrs. min.

9. Birthplace: Montgomery County, Maryland (Town, county, and state)
10. Usual occupation: Veterinarian (retired)
11. Industry or business: Dept. of Agriculture

FATHER
12. Name: Jacob B. Ernest
13. Birthplace: Montgomery County, Maryland

MOTHER
14. Maiden name: Emma Louise Eld
15. Birthplace: Montgomery County, Maryland

16. Informant: Mrs. Lucien B. Ernest
Address: 56 Conn. Ave., Kensington, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 17, 1940 (month) (day) (year)
Cemetery or crematory: Eldbrooke
Location: River Road, Nr. Wisconsin Ave.

18. Funeral director: Wm. Reuben Premplbrey
Address: 7005 Wisconsin Ave., Bethesda, Md.

19. Mar. 16 1940 (Date rec'd by registrar) Margaret C. Trenearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 15 1940, at 3:28 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from November 13 1935, to March 15 1940, and that I last saw him alive on March 14 1940.

Immediate cause of death	DURATION
Chronic Glomerulo-Nephritis	unknown
Due to Atrophic Arthritis	13 yrs.
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Katharine A. Chapman M.D. M. D. or other
Address: 200 W. Balto. St., Kensington Date signed: 3/15/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 7 1940
BUREAU V. S.

03280

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(108)

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium & Hospital

Stay in hospital or inst. (yrs., or mos., or days) 12 hours.

Stay in this community (yrs., or mos., or days) 12 years.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Takoma Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 512 Carroll Ave,
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Emeline Fisher

3. (b) Social Security Number

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband ~~or wife~~ William N. Fisher

Deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) April 11, 1856

8. AGE:

Years	Months	Days	If less than one day
83	11	12	hrs. min.

9. Birthplace Montgomery County, Pa.
(Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER
12. Name Benjamin Rosenberger
13. Birthplace ? Penna.

MOTHER
14. Maiden name Sophia Derr
15. Birthplace ? Penna.

16. Informant Washington Sanitarium Records

Address Takoma Pk. Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof Mar 24, 1940 (month) (day) (year)

Cemetery or crematory Washington, D.C.

Location

18. Funeral director J. Arthur Walters

Address 254 Carroll St. Takoma Park D.C.

19. March 24 1940 (Date rec'd by registrar) J. Wilson Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 23rd 1940, at 9 p. 35 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1 1939, to March 23 1940, and that I last saw her alive on March 23 1940.

Immediate cause of death Lobar pneumonia - left

DURATION 4-5 days

Due to

Due to

Other conditions Gen. arteriosclerosis Bilateral Hydronephrosis Years.
(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy as above 3-24-40

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Read N. Calvert M.D. M. D. or other

Address Silver Spring, Md Date signed 3-24-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (92)

CERTIFICATE OF DEATH

03281

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Bethesda Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Wilson Lane near Bethesda, Md.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Montgomery

City or town: Bethesda Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME

Rufus Clarence Fulbright.

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married.

6 (b) Name of husband or wife: Irene Fulbright wife

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): October 6th, 1882.

8. AGE: Years	Months	Days	If less than one day
57	4	28	hrs. min.

9. Birthplace: Boston, Texas.
(Town, county, and state)

10. Usual occupation: Lawyer

11. Industry or business

FATHER
12. Name: Rufus T. Fulbright.
13. Birthplace: Tenn.

MOTHER
14. Maiden name: Bertie Welbourn,
15. Birthplace: Tenn.

16. Informant: Mrs. Irene Fulbright. (wife)
Address: Wilson Lane Bethesda Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: March 29, 1940 (month) (day) (year)

Cemetery or crematory

Location: Washington, D.C.

18. Funeral director: Martin W. Hysong Co.

Address: 1300 N. St. N.W.

19. 3-29 1940 (Date rec'd by registrar) B.C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March, 29, 1940 19 , at M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 20th 1939, to March 29 1940, and that I last saw h wife alive on March 29th 1940.

	DURATION
Immediate cause of death: Uremia	10 days
Due to: Subacute Nephritis	2 mos.
Due to: Subacute Bacterial Endocarditis	8 mos.
Other conditions: Rheumatic Heart Disease + Mitral Insufficiency (?!)	?

(Include pregnancy within 3 months of death)

Major findings:
Of operations: None

Of autopsy: None performed

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: R.W. Leonard M.D.
M. D. or other

Address: 1150 Conn. Ave., Wash., D.C. Date signed: 3/29/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 3 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03282

1. PLACE OF DEATH (94a)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park, Md. No. 511 Sligo Parkway St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred Visiting yrs. mos. 21 ds. How long in U. S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Miss Jane Gibson If U. S. Veteran, specify WAR

(a) Residence: No. RAD #1 Mount Vernon Ohio St. Ward. ✓

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: female

4. COLOR OR RACE: white

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of: Willard A Gibson

6. DATE OF BIRTH (month, day, and year): July 28. 1860

7. AGE: Years 79 | Months 7 | Days 23 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.: Housekeeper

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.: Home

10. Date deceased last worked at this occupation (month and year): 2/40

11. Total time (years) spent in this occupation: 57

12. BIRTHPLACE (city or town) (State or country): Nova, Ashland Co. Ohio

FATHER

13. NAME: John Sprinkle

14. BIRTHPLACE (city or town) (State or country): ?

MOTHER

15. MAIDEN NAME: Katherine Spansler

16. BIRTHPLACE (city or town) (State or country): ?

17. INFORMANT (Address): 511 Sligo Pkwy. Takoma Pk. O. J. Gibson - son. Md

18. ~~BURIAL, CREMATION, OR REMOVAL~~ Place Washington D.C. Date Mar. 20, 1940.

19. UNDERTAKER (Address): J. Arthur Walters 254 Carroll St. Takoma Park, D.C.

20. FILED Mar 20, 1940 J. Wm. Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 20, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 1, 1940, to March 20, 1940

I last saw her alive on March 19, 1940; death is said to have occurred on the date stated above, at 1 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Arteriosclerotic heart dis	?
Coronary sclerosis & rectum	few days

Other Contributory Causes of importance: Heart failure sudden

Name of operation 0 Date of

What test confirmed diagnosis? OKG Was there an autopsy? 0

23. If death was due to external causes (VIOLENCE) fill in also the following: 0

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? 0

If so, specify

(Signed) Chas. H. Holohan M. D.

(Address) Takoma Park Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

(T)

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03283

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (93-d)

County Montgomery Registration Dist. No. 214

Village or City Silver Spring, Md. No. St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Emma O. Goodenow If U. S. Veteran, specify WAR

(a) Residence: No. 703 Gist Ave. St., Ward. Silver Spring, Md.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word): widowed

5a. If married, widowed, or divorced ~~HUSBAND of~~ ~~(or)~~ WIFE of Frank W. Goodenow

6. DATE OF BIRTH (month, day, and year) Oct. 3, 1860

7. AGE: Years 80 | Months 5 | Days 28 | If LESS than 1 day, hrs. or min.

OCCUPATION
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired Housewife
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.
10. Date deceased last worked at this occupation (month and year)
11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Flint, Michigan

FATHER
13. NAME Henry Franklin
14. BIRTHPLACE (city or town) (State or country) Leroy, N. Y.

MOTHER
15. MAIDEN NAME Sabra Lebaron
16. BIRTHPLACE (city or town) (State or country) Leroy, N. Y.

17. INFORMANT R. N. Goodenow
(Address) 703 Gist Ave., S. S.

18. BURIAL, ~~CREMATION, OR REMOVAL~~
Place Grand Blanc, Mich. Date April 3, 1940

19. UNDERTAKER Warner E. Pumphrey
(Address) Silver Spring, Md.

20. FILED Mar 31, 1940 11:00 P.M. F. E. Dudley Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 31, 1940.
(Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attended deceased from Mar. 16, 1940, to Mar. 31, 1940.
I last saw her alive on Mar. 31, 1940; death is said to have occurred on the date stated above, at 6 P. m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Chronic myocarditis	Indefinite
Other Contributory Causes of importance: Congestive heart failure	15 days.

Name of operation — Date of
What test confirmed diagnosis? none Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:
Accident, suicide, or homicide? Date of injury, 19
Where did injury occur? (Specify city or town, county and State)
Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
Manner of injury
Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No
If so, specify
(Signed) A. B. Little M. D.
(Address) 6911 5th St. NW. Wash. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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MAY 8 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03284

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Olney (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Montgomery County General

Stay in hospital or inst. (yrs., or mos., or days): 12 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Lay Hill (near) Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No.: Rockville, Route 3 (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: World War -

3. (a) FULL NAME: James Green

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	Colored	Single

6 (b) Name of husband or wife:

6(c) If alive, give age: — years

7. Birth date of deceased (mo., day, yr.): October 5. 1890

8. AGE:

Years	Months	Days	If less than one day
49	5	14	hrs. min.

9. Birthplace: Norbeck, Maryland (Town, county, and state)

10. Usual occupation: Laborer

11. Industry or business: Sanitary Sewerage System

FATHER 12. Name: Harry Green

FATHER 13. Birthplace: Unknown

MOTHER 14. Maiden name: Clara Johnson

MOTHER 15. Birthplace: Unknown

16. Informant: Emma L. Johnson

Address: Rockville. R.3. Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof: Nov. 21, 1940 (month) (day) (year)

Cemetery or crematory: Norbeck

Location: Norbeck, Md.

18. Funeral director: Robert L. Snowden

Address: Rockville, Md.

19. Nov. 21 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 19th 1940, at 10:50 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 7th 1940, to March 19th 1940, and that I last saw him alive on March 19th 1940.

Immediate cause of death	DURATION
Hemiplegia	
Due to Mitral Stenosis plus insufficiency	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?): —

Means of injury: Injured at work?

23. SIGNATURE: [signature] M. D. or other

Address: Sandy Spring Md. Date signed: 3/19/40

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APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

Bureau of Vital Statistics, Baltimore (46)

Reg. Dist. No. 2-17 02285

CERTIFICATE OF DEATH

1. PLACE OF DEATH:

(a) County Montgomery

(b) City or town Brunkelon (If outside city or town limits, write RURAL and give town)

(c) Street address, hospital, or institution:

(d) Length of stay in hospital or inst. (yrs., mos., or days)

(e) Length of stay in this community (yrs., mos., or days)

2. HOME (USUAL RESIDENCE) OF DECEASED:

(a) State Md (b) County Montgomery

(c) City or town Brunkelon (If outside city or town limits, write RURAL and give town)

(d) Street No. (If rural give location)

(e) If foreign born, how long in U. S. A.? years

3 (a) **FULL NAME** Sara M Haviland

3 (b) If veteran, name war

3 (c) Social Security No.

4. Sex F

5. Color or race W

6 (a) Single, married, widowed, or divorced. Married

6 (b) Name of husband or wife Benjamin Haviland

6. (c) If alive, give age 68 years

7. Birth date of deceased (mo., day, yr.) Dec 16 1868

8. **AGE:** Years 71 Months 3 Days If less than one day hr. min.

9. Birthplace Penn (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business

FATHER 12. Name Thomas J Edge

13. Birthplace Penn

MOTHER 14. Maiden Name Elizabeth A Linton

15. Birthplace Penn

16 (a) Informant Benjamin Haviland

(b) Address Brookville RFD

17 (a) Buried (Burial, cremation, or removal) (b) Date thereof Mar 18 1940 (month) (day) (year)

(c) Cemetery or crematory Woodside

Location near Brunkelon

18 (a) Funeral director Warren Pumphrey

(b) Address Sebrook Spring

19 (a) March 18 (Date rec'd by registrar) (b) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. Date of death Mar 16 1940, at 7 10 P M

21. I certify that death occurred on the date above stated; that I attended deceased from Mar 8 1940, to Mar 16 1940, and that I last saw her alive on Mar 16 1940.

Immediate cause of death	Duration
Cancer of Liver	
Due to	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Underlins the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide

(b) Date of occurrence

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur about home, on farm, industrial place, in public place? (Specify type of place) While at work?

(e) Means of injury

23. Signature S A Nuchols M D (M. D. or other)

Address Clarksville Date signed 3-16-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should be carefully supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS. A15

RECEIVED
APR 6 1949
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03286

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS-A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Chevy Chase View
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 20 Everett Street

Stay in hospital or inst. (yrs., or mos., or days): —

Stay in this community (yrs., or mos., or days): 6 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Chevy Chase View Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 20 Everett Street
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME: Charles Kellogg Harmon

3. (b) Social Security Number: none

4. Sex: Male

5. Color or race: white

6. (a) Single, married, widowed, or divorced: married

6 (b) Name of husband or wife: Charlotte Harmon

6(c) If alive, give age: 71 years

7. Birth date of deceased (mo., day, yr.): October 9, 1865

8. AGE: Years: 74 | Months: 5 | Days: 3 | If less than one day: ____ hrs. ____ min.

9. Birthplace: Oswego, New York
(Town, county, and state)

10. Usual occupation: Manager

11. Industry or business: Cyclone Fence Company

FATHER
12. Name: Herbert Harmon
13. Birthplace: near Syracuse, New York

MOTHER
14. Maiden name: Mary Elizabeth Kellogg
15. Birthplace: Brooklyn, N.Y.

16. Informant: Mrs. Charlotte Harmon
Address: Box 4054, Chevy Chase, Md.

17. Cremation
(Burial, cremation, or removal. Which?) Date thereof: 3/14/40 (month) (day) (year)

Cemetery or crematory: Fort Lincoln

Location: Washington D.C.

18. Funeral director: The S. H. Hines Co.

Address: 2904 14th St. N.W. Washington

19. 3-12-40 1940 (Date rec'd by registrar) R.C. Perry Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 12 1940, at 12:15 M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 9 1940, to March 12 1940, and that I last saw him alive on March 12 1940.

	DURATION
Immediate cause of death: Lobar pneumonia	3 days
Angina pectoris	2 years
Due to: Chronic glomerulo-nephritis	10 yrs.
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:
Of operations:
Of autopsy:

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury — Injured at work?

23. SIGNATURE: Katharine A. Chapman, M.D.
M. D. or other
Address: 20 W. Balto. St., Kensington — Date signed: 3/12/40

RECEIVED
APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (82a)

CERTIFICATE OF DEATH

03287

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Silver Spring

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 911 Thayer Ave.

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Md. County Montgomery

City or town Silver Spring Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 911 Thayer Ave.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME Mary Katherine Hawkins

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~ Henry M. Hawkins

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Jan. 13, 1868

8. AGE: Years	Months	Days	If less than one day
72	2	14	____ hrs. ____ min.

9. Birthplace Md. (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business —

FATHER 12. Name Wm. D. Hughes

13. Birthplace Md.

MOTHER 14. Maiden name Elizabeth Conley

15. Birthplace Md.

16. Informant Henry M. Hawkins

Address 911 Thayer Ave., Silver Spring

17. Burial (Burial, cremation, or removal. Which?) Date thereof April 1, 1940 (month) (day) (year)

Cemetery ~~or crematory~~ Forest Oak

Location Gaithersburg, Md.

18. Funeral director Warner E. Pumphrey

Address Silver Spring, Md.

19. MAR 30 1940 (Date rec'd by registrar) J. E. Woolley Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 29 1940, at 3:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Nov. 1939, to March 29 1940, and that I last saw h er alive on March 29 1940.

	DURATION
Immediate cause of death: Cerebral Hemorrhage	1 mos.
Due to: Arteriosclerosis	3 years
Due to:	
Other conditions:	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE W B Wardrop M.D. M. D. or other

Address 913 Bonifant St. Date signed 4/30/40

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (30-4)

03288

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery County

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 22 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Germantown Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Seneca -
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Susie Hawkins.

3. (b) Social Security Number —

4. Sex: Female

5. Color or race: Colored

6. (a) Single, married, widowed, or divorced: Widowed

B (b) Name of husband or wife William Hawkins

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) unknown

8. AGE: Years 61 | Months | Days | If less than one day ___ hrs. ___ min.

9. Birthplace Amissville, Virginia
(Town, county, and state)

10. Usual occupation Housework

11. Industry or business —

FATHER
12. Name unknown
13. Birthplace —

MOTHER
14. Maiden name unknown
15. Birthplace —

16. Informant Daughter - Ruby Clipper -

Address Seneca, Md.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 12 1940 (month) (day) (year)

Cemetery or crematory Seneca

Location Seneca Md

18. Funeral director Robert L. Snouder

Address Rockville Md

19. March 12 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 9 1940, at 4:30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 16 1940, to March 9 1940, and that I last saw her alive on March 9 1940.

Immediate cause of death Diabetes — DURATION ? —

Due to

Due to

Other conditions Chronic Myocarditis ? Sues. ?
(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work? —

23. SIGNATURE J M B M. D. or other

Address Sandy Spring, Md Date signed 5/9/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

John Bosell
Orrie Proctor Howard Co

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APR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03289

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery County Registration Dist. No. 214

Village or City Silver Springs No. 501 Sligo Ave. S. Spring Md. Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residance in city or town whara daath occurrad 23 yrs. approx mos. ds. How long in U. S. if of foraign birth? yrs. mos. ds.

2. FULL NAME Mary Ann Susan Heim If U. S. Veteran, specify WAR

(a) Residence: No. 501 Sligo Ave St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	White	Married

5a. If marriad, widowad, or divorcad
HUSBAND of
(or) WIFE of Chas. F. Heim

6. DATE OF BIRTH (month, day, and year) Feb. 15, 1874

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	66	1	0	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc.

9. Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc. Housewife

10. Data dacaasad last workad at this occupation (month and year)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) Loudoun Co. (State or country) Va

FATHER

13. NAME John P. Hickman

14. BIRTHPLACE (city or town) Taylorstown (State or country) Va.

MOTHER

15. MAIDEN NAME Christine S. Compher

16. BIRTHPLACE (city or town) Taylorstown (Stata or country) Va.

17. INFORMANT Mr. Chas Heim (Address) 501 Sligo ave S. Sp. Md

18. BURIAL, CREMATION, OR REMOVAL Place Mt. Olivet Cemetery Frederick, Md. Date March 18, 1940

19. UNDERTAKER W. Reuben Humphreys (Address) 7005 Wis Ave. Bethesda. Md

20. FILED Mar. 17, 1940 J. E. Wheeler Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH 3- 15, 1940 (Month) (Day) (Year)

22. I HEREBY CERTIFY, That I attandad dacaasad from July, 1939, to Mar. 15, 1940

I last saw h... aliva on 3-15, 1940; daath is said to have occurrad on tha date statad above, at 1:40 P.m.

The PRINCIPAL CAUSE OF DEATH and relatad causas of importanca wara as follows:

	Date of onset
1. Valvular heart disease	
Mitral Insufficiency	40yrs?
2. Myocardial degeneration.	
Other Contributory Causes of importanca:	
Heart block - partial	2 da.
Senility	

Name of operation none Date of

What test confirmed diagnosis? Ekg. Was thera an autopsy?

23. If death was dua to externa causas (VIDLENCE) fill in also tha following:

Accident, suicide, or homicide? Date of injury, 19

Whara did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) Joseph R. Jordan M. D.

(Address) 5412 Colorado, ave NW.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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APR 7 1930
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03290

Reg. Dist. No. 216

1. PLACE OF DEATH

County Montgomery

City or town Cheny Chase Md (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 106 Rose Mary st

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 4 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Cheny Chase Ward No. (If outside city or town limits, write RURAL NEAR and give town)

Street No. 106 Rose Mary st (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War

3. (a) FULL NAME Frank R. Hollingshead

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	A	Married

6 (b) Name of husband or wife Hazel J. Hollingshead 6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) Sept 24 - 1882

8. AGE:

Years	Months	Days	If less than one day
57	6	6	____ hrs. ____ min.

9. Birthplace Chester - Pa. (Town, county, and state)

10. Usual occupation Engineer

11. Industry or business Eng. Advisor U.S. Govt.

FATHER
12. Name Samuel A. Hollingshead
13. Birthplace Pa.

MOTHER
14. Maiden name Mary Ellen Bowen
15. Birthplace Pa.

16. Informant Mrs Frank R. Hollingshead

Address 106 Rose Mary st.

17. Wash; D.C. (Burial, cremation, or removal. Which?) Date thereof Mar. 30 - 40 (month) (day) (year)

Cemetery or crematory Arlington Nat'l Cem.

Location Virginia

18. Funeral director J. Wm. Lee's Sons Co.

Address 300 - 4th St, NE.

19. Mar. 30 1940 Thomas K. Conrad (Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 30th 1940, at 3:45 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1930 19__, to 3/30/ 1940, and that I last saw him alive on 3/29 1940.

Immediate cause of death Myocardial Failure — DURATION 3 days

Due to Arterial Hypertension — 10 years

Due to

Other conditions Coronary Thrombosis 1 year ago. (Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE W B Lewis M. D. or other

Address 1611 - 21st St NW Date signed 3/30/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

CERTIFICATE OF DEATH

03291

Reg. Dist. No. 217

1. PLACE OF DEATH:
County Montgomery
City or town Olney Md
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Olney Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Lucinda Johnson

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Col.	Widow

6 (b) Name of husband or wife Henry Johnson
6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.)

8. AGE: Years	Months	Days	If less than one day
90 ?			hrs. min.

9. Birthplace Calvert Co. Md.
(Town, county, and state)
10. Usual occupation Housekeeper
11. Industry or business
FATHER 12. Name Peters
13. Birthplace Unknown
MOTHER 14. Maiden name Mary Ellen Strickland
15. Birthplace Calvert Co. Md.
16. Informant Lafayette Brooks
Address Olney Md.
17. Buried Date thereof Mar 8. 1940
(Burial, cremation, or removal. Which?) (month) (day) (year)
Cemetery or crematory County Home
Location Rockville, Md.
18. Funeral director Robert L. Snowden
Address Rockville, Md.
19. March 7 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 5 1940, at 9:30 P.M.
21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 2 1940, to March 5 1940, and that I last saw her alive on March 2 1940.

Immediate cause of death	DURATION
Myocarditis	
Due to Secondary to old age	
Due to	
Other conditions	

(Include pregnancy within 3 months of death)
Major findings:
Of operations None
Of autopsy No

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide — Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas. E. Nicholson M. D.
Address Sandy Spring Md Date signed 3/6/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

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APR 6 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (176)

CERTIFICATE OF DEATH

03292

Reg. Dist. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Rural Rt 1 Gaithersburg
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution Spruce Orchard R.F.D. #3 Gaithersburg

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) about 1 1/2 yrs

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural Rt 1 Gaithersburg Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Spruce Orchard R.F.D. #3 Gaithersburg
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR World War I

3. (a) FULL NAME Shuler Bruce Kills.

3. (b) Social Security Number 236-09-1396

4. Sex Male | 5. Color or race White | 6.(a) Single, married, widowed, or divorced Married

6 (b) Name of husband or wife Lena M. Kills

6(c) If alive, give age uncertain years

7. Birth date of deceased (mo., day, yr.) March 30 - 1895

8. AGE: Years 44 | Months 11 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace Virginia
(Town, county, and state)

10. Usual occupation Laborer

11. Industry or business Farm

FATHER 12. Name M. W. Kills

13. Birthplace Virginia

MOTHER 14. Maiden name Unknown

15. Birthplace Virginia

16. Informant Glenn Harmon - brother-in-law

Address Derwood Maryland

17. Removal - Shipment (Burial, cremation, or removal? Which?) Date thereof Mar 26 - 1940 (month) (day) (year)

Cemetery or crematory Blythewood

Location Virginia

18. Funeral director Wm. Rankin Dunphrey

Address Rockville & Bethesda Md

19. 3-25 1940 Jaye Barnsley
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25 1940, at 9:40 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from ____ 19____, to ____ 19____, and that I last saw h alive on ____ 19____.

I immediate cause of death Fracture of frontal portion of skull extending into left maxillary bone — DURATION

Due to ____

Due to ____

Other conditions ____

(Include pregnancy within 3 months of death)

Major findings:

Of operations ____

Of autopsy ____

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Accident Date of Mar 25 1940

Where did injury occur? Spruce Orchard (City or town) Montgomery (County) Md (State)

Injured at home, farm, industry, public place (where?) Farm

Means of injury Fell on floor Injured at work? Yes

23. SIGNATURE O. E. Hawks M.D. (Deputy signed for Dr. Smith) M. D. or Coroner

Address Gaithersburg Md Date signed 3-25-1940

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MAR 29 1940
BUREAU V. A.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (74a)

CERTIFICATE OF DEATH

03293

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days): 36 days

Stay in this community (yrs., or mos., or days): 36 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington, D.C. Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2053 L. St. n.w.

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Mary Kulchinsky

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Married

6 (b) Name of husband ~~or wife~~: Samuel Kulchinsky

6(c) If alive, give age: 53 years

7. Birth date of deceased (mo., day, yr.): April ? 1886

8. AGE: Years	Months	Days	If less than one day
53	11	?	____ hrs. ____ min.

9. Birthplace: Russia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER 12. Name: Solomon Ehrlich

FATHER 13. Birthplace: Russia

MOTHER 14. Maiden name: Cele Sayne

MOTHER 15. Birthplace: Russia

16. Informant: Washington Sanitarium Records

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof: 3-8-40 (month) (day) (year)

Cemetery or crematory: Rosedale Mem.

Location: Philadelphia Rd. & Hamilton Ave.

18. Funeral director: Jack Lewis Inc.

Address: 1439 E. Baltimore St.

19. Mar. 8th 1940 (Date rec'd by registrar) J. Wilbur Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 8 1940, at 6:50 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar 6 1940, to Mar 8 1940, and that I last saw h[er] alive on Mar 7 1940.

Immediate cause of death	DURATION
Hypostatic Pneumonia	3 days
Due to Myocardial Insufficiency	6 weeks
Due to Coronary Occlusion	6 weeks
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: G. M. Gibbs M. D. or other

Address: Takoma Park Md Date signed: Mar 8-40

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APR 5 1940
BUREAU V. S.

03294

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-C)

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park (If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days): 1¼ hours

Stay in this community (yrs., or mos., or days): Same

2. USUAL RESIDENCE (HOME) OF DECEASED: (For newborn infants give residence of mother)

State: Maryland County: P.G.

City or town: Hyattsville Ward No.: (If outside city or town limits, write RURAL NEAR and give town)

Street No.: 16 Oakwood Road (If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Mrs. Myrtie Beatrice Lewis

3. (b) Social Security Number:

4. Sex: Female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Addison Lee Lewis

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): February 5, 1889

8. AGE: Years: 51 Months: 1 Days: 17 If less than one day: hrs. min.

9. Birthplace: Glouster, Virginia (Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: Own home

FATHER

12. Name: John B. Moore

13. Birthplace: Glouster, Virginia

MOTHER

14. Maiden name: Josephine Howlett

15. Birthplace: Glouster, Virginia

16. Informant: Washington Sanitarium Records

Address: Takoma Park, Md.

17. Removal (Burial, cremation, or removal. Which?) Date thereof: 3-22-40 (month) (day) (year)

Cemetery or crematory:

Location: Hyattsville, Md

18. Funeral director: F. Gasch's Sons

Address: Hyattsville Md

19. 3-22 1940 (Date rec'd by registrar) [signature] Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: Mar. 22 1940, at 11:15 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 1939 to Mar 22 1940, and that I last saw her alive on Mar 22 1940.

Immediate cause of death: Adinocarcinoma of mouth — DURATION: 1 yr.

Due to: Terminal event

Due to: Hemorrhage

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations: none

Of autopsy: none

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Wendell E. Malin M.D. M. D. or other

Address: Riverdale Md. Date signed: 3/27/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03295

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH — No Social Security Number.

County Montgomery (55D) Registration Dist. No. 214

Village or City Silver Spring No. R.F.D. #1 St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 55 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Corrie Willis Magruder If U. S. Veteran, specify WAR

(a) Residence: No. Silver Spring, Md R.F.D. #1 St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
Female	White	Widowed

5a. If married, widowed, or ~~divorced~~ ~~HUSBAND of~~ (or) WIFE of Walter Thomas Magruder

6. DATE OF BIRTH (month, day, and yaer) April 16, 1886

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	53	11	11	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. None

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last workad at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) Silver Spring (State or country) Md

FATHER

13. NAME Samuel Case

14. BIRTHPLACE (city or town) (Stata or country) Md.

MOTHER

15. MAIDEN NAME Minerva Harding Case

16. BIRTHPLACE (city or town) (State or country) Maryland.

17. INFORMANT Mrs. H. H. Hills (Address) Silver Spring Md.

18. BURIAL, ~~CREMATION, OR REMOVAL~~ Place Burtonsville Union Cemetery Date Mar. 31, 1940

19. UNDERTAKER Warner E. Pumphrey (Address) Silver Spring, Md.

20. FILED Mar. 28, 1940 J. E. Lindley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 27 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from August, 1938, to March 27, 1940

I last saw ~~him~~ her alive on March 16, 1940; death is said to have occurred on the date statad above, at 3:40 A m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Carcinoma of left submaxillary gland.	
Other Contributory Causes of importance: Generalized Metastasis	

Name of operation Excision of left submaxillary gland Date of 8/12/38

What test confirmed diagnosis? Clinical X-ray Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of Injury, 19

Where did Injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of Injury

Nature of Injury

24. Was disease or injury in any way related to occupetion of deceased?

If so, specify

(Signed) J. Lawson Bagshead M. D.

(Address) Silver Spring, Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED
APR 7 1940
BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03296

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-a)

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Kenwood, Chevy Chase, Maryland
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 712 Dorsett Ave.

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 3 years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Maryland County: Montgomery

City or town: Kenwood, Chevy Chase, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 712 Dorsett Ave.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: CLARA MARTIN

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife: sibgle

6 (c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): April 26, 1867

8. AGE: Years	Months	Days	If less than one day
72	10	7	hrs. min.

9. Birthplace: Hopwell, Ontario County, New York
(Town, county, and state)

10. Usual occupation: retired

11. Industry or business: none

FATHER
12. Name: Norman R. Martin
13. Birthplace: Ontario County, N.Y.

MOTHER
14. Maiden name: Sarah E. Martin
15. Birthplace: Ontario County, N.Y.

16. Informant: N. Irving Martin
Address: 712 Dorsett Ave. Kenwood, Maryland

17. Removal (Burial, cremation, or removal. Which?) Date thereof: March 5, 1940 (month) (day) (year)

Cemetery or crematory: Canandaigua, N.Y.

Location: 1300 N Street Northwest-Wash. D.C.

18. Funeral director: Martin W. Hysong Co.

Address: 1300 N Street Northwest - Wash. D.C.

19. 3-5 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 5, 1940, at 1:35 AM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb. 28 1940, to Mar. 5 1940, and that I last saw her alive on March 4 1940.

Immediate cause of death: Acute congestive Heart Failure — DURATION: 5 days

Due to: Cardio-Vascular Renal Disease

Due to:

Other conditions:

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: -

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Sidney C. Cousins, M.D. M. D. or other

Address: 3921 - Ingomar St. Date signed: 3/5/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 9 1910
BUREAU V. S.

03297

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(93-2)

CERTIFICATE OF DEATH

Reg. Dist. No. 213

1. PLACE OF DEATH:

County Montgomery

City or town Rural near Rockville
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: R. & D. Rockville

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life in County

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Rural near Rockville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. R & D Rockville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR No

3. (a) FULL NAME Lee D. Matthews

3. (b) Social Security Number None

4. Sex Male

5. Color or race White

6. (a) Single, married, widowed, or divorced Single

6 (b) Name of husband or wife None

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) November 17-1861

8. AGE: Years 78 Months 3 Days 19 If less than one day ____ hrs. ____ min.

9. Birthplace Poolesville - Montg Co Md
(Town, county, and state)

10. Usual occupation Retired - Laborer

11. Industry or business

FATHER
12. Name William Matthews
13. Birthplace Maryland

MOTHER
14. Maiden name Sarah Fletcher
15. Birthplace Maryland

16. Informant Mrs - Mary Alice Owen - Niece

Address R.F.D Gaithersburg - Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 10-1940 (month) (day) (year)

Cemetery or crematory Mt. Zion

Location Old Geo Rd - Bethesda Md

18. Funeral director Wm. Reuben Pumphrey

Address Rockville & Bethesda Md

19. March 8 1940 (Date rec'd by registrar) Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 7 1940, at 10 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 24 1940, to March 7 1940, and that I last saw him alive on March 7 1940.

Immediate cause of death: Senile arteriosclerosis & myocardial failure — DURATION: 2 mos.

Due to

Due to: Old hemiplegia — 3 yrs.

Other conditions: Gangrene of toe — 2 mos.

(Include pregnancy within 3 months of death)

Major findings:

Of operations none

Of autopsy none

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE Wm A. Smithers, M.D. M. D. or other

Address Rockville, Md. Date signed 3/8/40.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

(94a)

03298

CERTIFICATE OF DEATH

Reg. Dist. No. 214

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Kensington, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
Montgomery Ave,

Stay in hospital or Inst. (yrs., or mos., or days) own home.

Stay in this community (yrs., or mos., or days) 28 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Kensington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Montgomery Ave
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR no

3. (a) FULL NAME Albert F. McKeever

3. (b) Social Security Number none.

4. Sex: M

5. Color or race: W.

6.(a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Julia Orr McKeever

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): October 2, 1862

8. AGE: Years 77 | Months 5 | Days 3 | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington D.C.
(town, county, and state)

10. Usual occupation: Retired merchant

11. Industry or business

FATHER 12. Name: John McKeever

13. Birthplace: Wash. D.C.

MOTHER 14. Maiden name: Alice Johnson

15. Birthplace: ?

16. Informant: Mrs Willard Warthen

Address: Kensington, Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 7, 1940 (month) (day) (year)

Cemetery or crematory: Rockville Union

Location: near Rockville Md.

18. Funeral director: Wm Reuben Dunnkley

Address: Rockville, Md.

19. 3-6-1940 (Date rec'd by registrar) Margaret C. Tremearne Local Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 5 1940, at 6:15 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from July 28 1938, to March 5 1940, and that I last saw him alive on March 3 1940

	DURATION
Immediate cause of death: Coronary occlusion	3 minutes
Due to Coronary artery thrombosis	?
Due to Arteriosclerosis general	?
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations: None

Of autopsy: None

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?) ____

Means of injury ____ Injured at work?

23. SIGNATURE J. Wilkins Cogle M.D.
M. D. or other

Address Kensington, Md. Date signed 3/6/40

RECEIVED
APR 7 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (94a)

CERTIFICATE OF DEATH

03299

Reg. Dist. No. 223-

1. PLACE OF DEATH:
County Montgomery
City or town Takoma Park, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
804 - Maple Ave. Tak. Pk. Md.
Stay in hospital or inst. (yrs., or mos., or days) —
Stay in this community (yrs., or mos., or days) —

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Mont.
City or town Takoma Park Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 804 Maple Ave. Tak. Pk.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR —

3. (a) FULL NAME NELLIE E. L. McLEAN

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Single

6 (b) Name of husband or wife Single

6(c) If alive, give age — years

7. Birth date of deceased (mo., day, yr.) Dec. 18, 1858

8. AGE:

Years	Months	Days	If less than one day
81	2	28	hrs. min.

9. Birthplace Wash. D. C. (Town, county, and state)

10. Usual occupation none

11. Industry or business

FATHER
12. Name William Ryland McLean
13. Birthplace Virginia

MOTHER
14. Maiden name Mary Elizabeth McLean
15. Birthplace Virginia

16. Informant Miss Ruth McLean
Address 1333 Gallatin St. N.W.

17. Removal (Burial, cremation, or removal. Which?) Date thereof Mar. 17, 1940 (month) (day) (year)
to
Cemetery or crematory
Location

16. Funeral director Martin W. Hysong Co.
Address 1300 - N Street N.W. Wash. D.C.

19. Mar. 17 1940 (Date rec'd by registrar) J. Wilmer Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 17th 1940, at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan. 1939, to Mar. 17th 1940; and that I last saw her alive on Mar 16th 1940.

Immediate cause of death Coronary Thrombosis. — DURATION

Due to —

Due to —

Other conditions —

(Include pregnancy within 3 months of death)

Major findings:
Of operations —
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;
Accident, suicide, or homicide — Date of —
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?) —
Means of injury — Injured at work?

23. SIGNATURE Louis B. Castell. M. D. or other
Address 1835 Eye St N.W. Date signed 3-17-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

RECEIVED
APR 8 1940
BUREAU V. S.

03300

STATE OF MARYLAND—CERTIFICATE OF DEATH

U.S.S. Security 577-09-9526

(94a)

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Chevy Chase Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 3 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Percy J. Miller

(a) Residence: No. ~~Dallas Texas~~ St. Ward World War

(Usual place of abode) Philadelphia, Pa If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
Male	White	Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Bessie H. Miller

6. DATE OF BIRTH (month, day, and year) July 13 - 1892

7. AGE Years 47 Months 7 Days 17 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Bricklayer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) Mar 1/40

11. Total time (years) spent in this occupation ?

12. BIRTHPLACE (city or town) (State or country) Conn.

FATHER

13. NAME Harry Miller

14. BIRTHPLACE (city or town) (State or country) England

MOTHER

15. MAIDEN NAME Sarah Varney

16. BIRTHPLACE (city or town) (State or country) England

17. INFORMANT (Address) Mrs. Bessie H. Miller 724 - E. Rittenhouse St Phil. Pa

18. BURIAL, CREMATION, OR REMOVAL Shipment Place Philadelphia Pa Date March 2, 1940

19. UNDERTAKER (Address) Wm. Reuben Humphrey Bethesda - Maryland

20. FILED 3-1, 1940 B. C. Perry, M.D. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH Mar (Month) 1 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from , 19 , to , 19

I last saw him alive on , 19 ; death is said to have occurred on the date stated above, at m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows: Date of onset

Coronary occlusion probably chronic myocarditis. duration about 1 year

Other Contributory Causes of importance:

Name of operation Date of

What test confirmed diagnosis? Was there an autopsy?

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury , 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased?

If so, specify

(Signed) C. E. Hawks M. D.

(Address) Deputy Med Ex of Mont Co Rockville Md

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*	*Attack of epilepsy*	*1 week ago*
Chronic interstitial nephritis	*1921*	*Run over by street car*	*1 week ago*
Cerebral hemorrhage	*July 5, 1927*	*Peritonitis*	*3 days ago*
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	*May 1, 1923*	*Gastroenteritis*	*1 year*

MAR 4 1940

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

03301

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH

County Montgomery Registration Dist. No. 214

Village or City Silver Spring, Md No. St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 15 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME William E. Newcomb If U. S. Veteran, specify WAR

(a) Residence: No. 806 Gist Ave. St., Ward Social Security No. 578-18-5459

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX M.

4. COLOR OR RACE W.

5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Widowed

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Clara W. Newcomb

6. DATE OF BIRTH (month, day, and year) Dec 24, 1868

7. AGE Years 71 Months 2 Days 22 If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Retired - Watchman

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. for Capt Transit Co.

10. Date deceased last worked at this occupation (month and year) Dec 1939

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Lake Mills, Wisc.

FATHER

13. NAME Isaiah Newcomb

14. BIRTHPLACE (city or town) (State or country) Cooperstown, N.Y.

MOTHER

15. MAIDEN NAME Nora Young

16. BIRTHPLACE (city or town) (State or country) Unknown.

17. INFORMANT Floyd Newcomb (Address) 806 Gist Ave.

18. BURIAL, CREMATION, OR REMOVAL Place Rockville, Md Date Mar. 18, 1940.

19. UNDERTAKER J. Arthur Walters (Address) 254 Carroll St. Takoma Park, D.C.

20. FILED Mar. 16, 1940 [signature] Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 16 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 8, 1940, to March 16, 1940

I last saw him alive on March 14, 1940; death is said to have occurred on the date stated above, at 7:00 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Artery Insufficiency with heart block	Feb. '40
Arteriosclerosis with hypertension	1936 -
Cerebral Hemorrhage	Feb. '40
Chronic Interstitial Nephritis.	1936

Other Contributory Causes of Importance:

Specific Urethritis.	Dec. 1939

Name of operation — None — Date of —

What test confirmed diagnosis? EKG + Lab. Tests Was there an autopsy? No

~~23. If death was due to external causes (VIOLENCE) fill in also the following:~~

~~Accident, suicide, or homicide? Date of injury, 19~~

~~Where did injury occur? (Specify city or town, county and State)~~

~~Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.~~

~~Manner of injury~~

~~Nature of injury~~

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) N. C. Shoemaker M.D. M. D.

(Address) 8081 Falkland Drive; Silver Spg. Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 23 1940 BUREAU OF V.S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Mar. 22, 1940 - 8-5759

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (1317)

CERTIFICATE OF DEATH

03302

Reg. Dist. No. 217

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Spencerville Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days):

Stay in this community (yrs., or mos., or days): 25 yrs.

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: Md County: Montgomery

City or town: Spencerville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: -

3. (a) FULL NAME: Henry Janney Nichols

3. (b) Social Security Number:

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
male	white	Widower

6 (b) Name of husband or wife: Mary Mathews

6(c) If alive, give age: - years

7. Birth date of deceased (mo., day, yr.): Mar. 13, 1865

8. AGE:

Years	Months	Days	If less than one day
74	11	29	hrs. min.

9. Birthplace: Ohio
(Town, county, and state)

10. Usual occupation: Dental Surgeon

11. Industry or business:

FATHER
12. Name: Thornton Nichols
13. Birthplace: Loudon Co. Va.

MOTHER
14. Maiden name: Cornelia Janney
15. Birthplace: Loudon Co. Va.

16. Informant: Daughter- Mary Reading Miles
Address: Spencerville Md

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/14/40 (month) (day) (year)

Cemetery or crematory: Sandy Springs

Location:

18. Funeral director: Lloyd Kaiser
Address: Laurel Md

19. March 14 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 3-12 1940, at 1:00 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 1-30 1940, to 3-12 1940, and that I last saw him alive on 3-12 1940.

Immediate cause of death	DURATION
Cerebral Hemorrhage	24 hrs.
Due to: Cardio-Vascular Disease	
Due to:	
Other conditions: Myocarditis	25 yrs
Chronic Interstitial Nephritis	25 yrs

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy:

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: Date of:

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?):

Means of injury: Injured at work?

23. SIGNATURE: Naomi T. Lucius. M.D.
M. D. or other

Address: Silver Spring Md. Date signed: 3/12/40

RECEIVED
APR 6 1940
BUREAU V. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03303

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

1. PLACE OF DEATH

County Montgomery Registration Dist. No.

Village or City Silver Spring No. Cedarcroft Sanitarium Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 7 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Anne O'Connor If U. S. Veteran, specify WAR

(a) Residence: No. 4330-42 St. N.W. St., Ward. Wash., D.C.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)
F	W	Married

5a. If married, ~~widowed, or divorced~~ ~~HUSBAND of~~ (or) WIFE of Wm E. O'Connor

6. DATE OF BIRTH (month, day, and year) Sept. 20, 1894

7. AGE	Years	Months	Days	If LESS then 1 day, hrs. or min.
	45	5	17	

OCCUPATION

8. Trada, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. Housewife

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Oata deceasad last worked at this occupation (month end yaar)

11. Total tima (years) spent in this occupation

12. BIRTHPLACE (city or town) (Stata or country) Wash. D.C.

FATHER

13. NAME James A. Myers

14. BIRTHPLACE (city or town) (State or country) Wash., D.C.

MOTHER

15. MAIDEN NAME Nellie Dunn

16. BIRTHPLACE (city or town) (State or country) Wash., D.C.

17. INFORMANT Wm E. O'Connor (Address) Wash., D.C.

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date Mar 7, 1940

19. UNDERTAKER Francis J. Collins (Address) 3821-14th St. N.W. Wash. D.C.

20. FILED Mar. 7, 1940 F. C. Dudley Jr. Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March 7 (Month) (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Aug. 5, 1939, to Mar. 7, 1940.

I last saw h.. alive on Mar. 6, 1940; death is said to have occurred on the data steted ebove, at 6 a.m. ?

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Cerebral Thrombosis	
Other Contributory Causes of importance:	
Cerebral Arteriosclerosis	?

Neme of operation Date of

What test confirmed diagnosis? Wes thera an eutopsy? no.

23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Menner of injury

Natura of Injury

24. Was diseasa or injury in any way related to occupation of deceased? no

If so, specify

(Signed) Richard B. Thibadeau M. D.

(Address) 2012 R St. N.W. Wash, D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write **none.**

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

RECEIVED MAR 15 1940 BUREAU V. S.

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

03304

CERTIFICATE OF DEATH

Reg. Diat. No. 213

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County: Montgomery
City or town: Rockville
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution: 213 N. Washington St.
Stay in hospital or inst. (yrs., or mos., or days):
Stay in this community (yrs., or mos., or days): Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State: Maryland County: Montgomery
City or town: Rockville Ward No.:
(If outside city or town limits, write RURAL NEAR and give town)
Street No.:
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR:

3. (a) FULL NAME: Eliza Patterson

3. (b) Social Security Number: None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	Black	Widowed

6 (b) Name of husband or wife: George Patterson
6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): Nov. 29 1846

8. AGE: Years: 93 Months: 3 Days: 28 If less than one day: hrs. min.

9. Birthplace: Maryland (Town, county, and state)

10. Usual occupation: Retired housewife

11. Industry or business:

FATHER
12. Name: Unknown
13. Birthplace: Maryland

MOTHER
14. Maiden name: Unknown
15. Birthplace: Maryland

16. Informant: Virgia Meads (daughter)
Address: 213 N. Washington St

17. Burial (Burial, cremation, or removal. Which?) Date thereof 4-1-1940 (month) (day) (year)
Cemetery or crematory: St. Mary's Cemetery
Location: Rockville, Md.

18. Funeral director: Warner E. Pumphrey
Address: Rockville, Md.

19. 4-1 (Date rec'd by registrar) 1940 Faye Barnsley Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 27 1940, at 8 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1938, to March 27 1940; and that I last saw h[illegible] alive on March 27 1940.

	DURATION
Immediate cause of death: Myocardial failure	Few days.
Due to: Senile arteriosclerosis	5 years.
Due to: myocarditis	
Other conditions: Chronic osteoarthritis of spine (Include pregnancy within 3 months of death)	10 years.

Major findings:
Of operations: none
Of autopsy: none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide: Date of:
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?):
Means of injury: Injured at work?

23. SIGNATURE: Wm. A. Matthews, M.D.
M. D. or other
Address: Rockville, Md. Date signed: 3/28/40

RECEIVED
APR 5 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (97)

03305

CERTIFICATE OF DEATH

Reg. Dist. No. 017

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:
County Montgomery
City or town Norbeck
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:
Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Md. County Montgomery
City or town Norbeck. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mary E. Powell.

3. (b) Social Security Number None

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	Colored	Married

6 (b) Name of husband or wife Charles Powell.
6 (c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) July 14, 1866

8. AGE: Years 73 | Months 7 | Days 7 | If less than one day hrs. min.

9. Birthplace Wheaton, Md.
(Town, county, and state)

10. Usual occupation House wife

11. Industry or business

FATHER 12. Name Thomas Holland.
13. Birthplace Va.

MOTHER 14. Maiden name Unknown
15. Birthplace

16. Informant Charles Powell
Address Norbeck. Md.

17. Buried (Burial, cremation, or removal. Which?) Date thereof Mar. 25, 1940 (month) (day) (year)
Cemetery or crematory Norbeck.
Location Norbeck, Md.

18. Funeral director Robert. L. Snowden
Address Rockville, Md.

19. March 24 1940 Gertrude B. Lawler
(Date rec'd by registrar) Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 21 1940, at 1:20 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Mar. 16 1940, to Mar. 21 1940, and that I last saw h alive on Mar. 16 1940.

	DURATION
Immediate cause of death Gangrene of both feet & legs	Unknown
Due to Arterio Sclerosis	Unknown
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Chas E. Tumblison M. D. or other
Address Sandy Spring, Md. Date signed 3/22/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (45-6)

03306

CERTIFICATE OF DEATH

Reg. Dist. No. 212

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Dickerson, Md
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) 6 months

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Md County Montg

City or town Poolesville Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME John R. Pyles

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
M	W	Single

B (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) 1860 ?

8. AGE: Years 80 ? | Months | Days | If less than one day hrs. min.

9. Birthplace Poolesville, Montg. Co. Md
(Town, county, and state)

10. Usual occupation Shoemaker

11. Industry or business

FATHER 12. Name John R. Pyles

13. Birthplace Maryland

MOTHER 14. Maiden name Susan Viers

15. Birthplace Maryland

16. Informant Forrest Grimes

Address 2424-Wisc. Ave. N.W. Washington, D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3/31/40 (month) (day) (year)

Cemetery or crematory Monocacy

Location Beallsville, Md

18. Funeral director William B. Hilton

Address Barnesville, Md

19. 3/30/40 (Date rec'd by registrar) 19 Mrs C. C. Hilton Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 25th 1940, at 7P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from June, 1939, to Mar 25 1940, and that I last saw him alive on Mar 25 1940

	DURATION
Immediate cause of death Epithelioma of Tongue	4 mo
Due to Metastasis to lymph glands of neck	
Due to	
Other conditions Arteriosclerosis	3 yr

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE E. W. Pyles M. D. or other

Address Poolesville Date signed 3/30/40

RECEIVED
APR 8 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (125-f) 03

CERTIFICATE OF DEATH

03307

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium & Hospital

Stay in hospital or inst. (yrs., or mos., or days): 14 days

Stay in this community (yrs., or mos., or days):

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State: Pennsylvania County:

City or town: Philadelphia Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 1850 W. Lindley Avenue

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR:

3. (a) FULL NAME: George Rathbun

3. (b) Social Security Number: 182-09-0036

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Married

6 (b) Name of ~~husband or~~ wife: Mrs. Anna Rathbun

6(c) If alive, give age: years

7. Birth date of deceased (mo., day, yr.): March 12, 1892

8. AGE:

Years	Months	Days	If less than one day
47	11	25	hrs. min.

9. Birthplace: Battle Creek Michigan (Town, county, and state)

10. Usual occupation: Photographer

11. Industry or business: Philadelphia Enquire Pub. Co.

FATHER 12. Name: Cyrus Charles Rathbun

13. Birthplace: St. Charles, Michigan

MOTHER 14. Maiden name: May Houghtaling

15. Birthplace: Dimondale, Michigan

16. Informant: Washington Sanitarium Records

Address: Takoma Park, Maryland

17. Burial (Burial, cremation, or removal. Which?) Date thereof: Mar 9th 1940 (month) (day) (year)

Cemetery or crematory: Washington Mem Park

Location: Silver Spring Md Maryland

18. Funeral director: Arthur L Waller

Address: 254 Carroll St. Takoma Park, D.C.

19. March 7 1940 (Date rec'd by registrar) William Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 7 1940, at 2:46 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Feb 22 1940, to Mar 7 1940, and that I last saw h~~im~~er alive on March 7 1940.

Immediate cause of death	DURATION
General Peritonitis	
Due to Multiple abscesses in liver	3 mo.
Due to Sub Diaphragmatic abscess	3 mo.
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations:

Of autopsy: as above -

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: A R Coyne M D

M. D. or other

Address: Takoma Park Date signed: Mar 7 1940

RECEIVED
MAR 13 1940
BUREAU

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (83-a)

03308

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County: Montgomery

City or town: Rockville Pike, Rockville, Md. R.F.D.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: County: ✓

City or town: Washington, D.C. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 2619 Woodley Pl, Washington, D.C.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR: None

3. (a) FULL NAME: Mr. William Charles Shaw

3. (b) Social Security Number: none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Male	White	Widowed

6 (b) Name of husband or wife: May Marvin Shaw

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): November 22, 1878

8. AGE:

Years	Months	Days	If less than one day
62	4	15	____ hrs. ____ min.

9. Birthplace: Canada
(Town, county, and state)

10. Usual occupation: Retired Jeweler

11. Industry or business

FATHER
12. Name: unknown
13. Birthplace: unknown

MOTHER
14. Maiden name: unknown
15. Birthplace: unknown

16. Informant: Mr. William C. Shaw

Address: 2865 - 29th St., N.W., Wash., D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof: March 9, 1940 (month) (day) (year)

Cemetery or crematory: Rock Creek Cemetery

Location: Washington, D.C.

18. Funeral director: W Reuben Pumphrey

Address: 7005 Wis. Ave. Bethesda Md

19. 3-8 (Date rec'd by registrar) 1940 B.C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: 7/March/ 1940, at 5-30 A.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Jan/1939 19__, to 7/March 1940, and that I last saw him alive on 7/March 1940.

Immediate cause of death: Cerebral Hemorrhage — DURATION: 2 days

Due to

Due to

Other conditions: Hypertension
(Include pregnancy within 3 months of death)

Major findings:
Of operations: None
Of autopsy: None

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide: None Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE: Charles R. L. Halley MD
M. D. or other

Address: 1801 Eye St N W Worthington D.C. Date signed: 8/mar/1940

18 E. Bradley Ave.

Wm. Charles Halley.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A16

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-D)

03309

CERTIFICATE OF DEATH

Reg. Dist. No. 216

1. PLACE OF DEATH:

County Montgomery

City or town Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: 6521 - Brookville Road

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days) Life

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County

City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. 6521 - Brookville Road
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME CONSTANCE GRAY SHULTZ

3. (b) Social Security Number NONE

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Married

6 (b) Name of husband or wife: Dr. Frank Hood Shultz

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.): February 1892

8. AGE: Years 48 | Months 0 | Days | If less than one day ____ hrs. ____ min.

9. Birthplace: Washington, D.C.
(Town, county, and state)

10. Usual occupation: Housewife

11. Industry or business: —

FATHER
12. Name: Dr. William Gray
13. Birthplace: Penna.

MOTHER
14. Maiden name: Katherine Sage Gray
15. Birthplace: Md.

16. Informant: Dr. Frank Hood Shultz
Address: 6521 - Brookville Rd

17. Cremation (Burial, cremation, or removal, Which?) Date thereof Mar. 5, 1940 (month) (day) (year)

Cemetery or crematory: Cedar Hill Cem. Cre.

Location: Suitland, Md.

18. Funeral director: Martin W. Hysong Co.

Address: 1300 - N St. N.W. - Wash. D.C.

19. 3-3 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

(Y:10)

20. DATE OF DEATH March 3 1940, at 7:10 A M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 1 1939, to March 3 1940, and that I last saw h[illegible] alive on March 2 1940.

Immediate cause of death: Carcinomatosis (General)

Due to: Cancer of the Colon

Due to: ?

Other conditions: Exhaustion

(Include pregnancy within 3 months of death)

Major findings:
Of operations: Multiple Carcinomata of mesentery.
Of autopsy: Not done.

DURATION: 1 year

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following;

Accident, suicide, or homicide ____ Date of ____

Where did injury occur? ____ (City or town) ____ (County) ____ (State)

Injured at home, farm, industry, public place (where?)

Means of injury ____ Injured at work?

23. SIGNATURE [signature] M.D. M. D. or other

Address 1915 Bellmore St. Date signed Mar 3, 40

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APR 9 1940
BUREAU V. S.

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (159)

03310

CERTIFICATE OF DEATH

Reg. Dist. No. 223

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days) 2 hrs 30 min

Stay in this community (yrs., or mos., or days) 2 hrs 30 min

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Prince Georges

City or town Accokeek Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Unnamed female baby Skinner

3. (b) Social Security Number

4. Sex: female

5. Color or race: W

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 24, 1940

8. AGE: Years | Months | Days | If less than one day: 2 hrs. 30 min.

9. Birthplace Takoma Park, Maryland
(Town, county, and state)

10. Usual occupation

11. Industry or business

FATHER
12. Name John Howard Skinner
13. Birthplace Sandy Point, Maryland

MOTHER
14. Maiden name Grace Virginia Palmer
15. Birthplace Arlington Co., Virginia

16. Informant Hospital Record

Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof 3-25-40 (month) (day) (year)

Cemetery or crematory Bladensburg, Md.

Location

18. Funeral director F. Gaschi Sons

Address Hyattsville, Md.

19. Mar 24 1940 (Date rec'd by registrar) J. H. Sadler Deputy Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3-24 1940, at 2:50 P M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3-24 1940, to 3-24 1940, and that I last saw her alive on 3-24 1940.

Immediate cause of death: Prematurity

Due to Premature separation of placenta

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

DURATION: 2 hrs. 40 min

PHYSICIAN: Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE L. W. Mitchell, M.D. M. D. or other

Address Silver Spring, Md. Date signed 3-24-40

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APR 5 1940
BUREAU V. S.

03311

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (940)

County Montgomery Registration Dist. No. 223

Village or City Takoma Park No. 300 Takoma Ave St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 16 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Homer Amos Arthur Smith If U. S. Veteran, specify WAR

(a) Residence: No. 300 Takoma Ave St., Ward. Takoma Park

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX	4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word)
17	W	married

5a. If married, widowed, or divorced HUSBAND of ~~(or) WIFE of~~ Hazel Grove Smith

6. DATE OF BIRTH (month, day, and year) March 4, 1875

7. AGE	Years	Months	Days	If LESS than 1 day, hrs. or min.
	65		16	

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. Accountant & Lawyer

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year) 3/15/40

11. Total time (years) spent in this occupation 35 yrs

12. BIRTHPLACE (city or town) (State or country) Weston Vermont

FATHER

13. NAME Amos Arthur Smith

14. BIRTHPLACE (city or town) (State or country) unknown Vermont

MOTHER

15. MAIDEN NAME Clara A Priest

16. BIRTHPLACE (city or town) (State or country) Vermont

17. INFORMANT Homer Grove Smith

(Address) 1607 N. Bryan Rd. Arlington Va.

18. BURIAL, CREMATION, OR REMOVAL Fort Lincoln Cemetery

Place Washington, D.C. Date 3/22, 1940

19. UNDERTAKER The S.H. Hines Co.

(Address) 2901 - 14th St. NW.

20. FILED Mar 20, 1940 J. Hilton Dodd Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 20 (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from March 16, 1940, to March 20, 1940

I last saw him alive on March 20, 1940; death is said to have occurred on the date stated above, at 6:20 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary Occlusion	3/16/40

Other Contributory Causes of importance:

Hypertensive heart disease	1920
Arterio sclerosis	

Name of operation Date of

What test confirmed diagnosis? Electrocardiogram Was there an autopsy? no

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? no

If so, specify

(Signed) H. F. Kreuzburg M. D.

(Address) 7852 16th St N.W.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. Wash D.C.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as **at school** or **at home**. For a woman whose only occupation was that of home housework, write **housewife** in answer to Question 8 and **own home** in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel**, etc. For a person who had no occupation whatever write **none**.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver**, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill**, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer**, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist**, etc. Distinguish carefully between **retail merchants** and **wholesale merchants**. A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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APR 5 1940
BUREAU V. S.

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (93-1)

CERTIFICATE OF DEATH

03312

Reg. Dist. No. 216

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS AT5

1. PLACE OF DEATH:

County Montgomery

City or town R.F.D. Rockville

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Rockville Pike - Wavrly Sanitarium

Stay in hospital or inst. (yrs., or mos., or days) 6 yrs 6 months

Stay in this community (yrs., or mos., or days) About 50 yrs in Mont'y

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town R.F.D. Rockville Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. Rockville Pike

(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR None

3. (a) FULL NAME Dolly Brown Tschiffely

3. (b) Social Security Number None

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	Widowed

6 (b) Name of husband or wife (Dr.) Frederick A Tschiffely

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) July 5 - 1853

8. AGE: Years 87 | Months 7 | Days 25 | If less than one day ____ hrs. ____ min.

9. Birthplace Baltimore Md (Town, county, and state)

10. Usual occupation Housewife

11. Industry or business Own Home

FATHER 12. Name John W. Brown

FATHER 13. Birthplace New York State

MOTHER 14. Maiden name Sarah A. Miller

MOTHER 15. Birthplace Prince Geo Co Md.

16. Informant Mrs Dolly T. Myers

Address 5008 - 34th St NW Wash. D.C.

17. Burial (Burial, cremation, or removal. Which?) Date thereof March 4 1940 (month) (day) (year)

Cemetery or crematory Oak Hill

Location Washington D.C.

18. Funeral director Wm. Rankin Dunphy

Address Rockville & Bethesda Md

19. 3-7 (Date rec'd by registrar) 1940 B.C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 1 1940, at 4.50 PM

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from Dec 14 1939, to March 1 1940, and that I last saw her alive on Feb 28 1940

Immediate cause of death	DURATION
Hemorrhage of Uterus.	Few minutes
Due to Chronic Myocarditis	10 yrs
Fracture of the left side	
Due to Patient's Caustic diabetes of 6 months of the left side of throat	6 months
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations —

Of autopsy —

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following: —

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE Upton Dawson M.D. M. D. or other

Address Dawsonville Md Date signed 3/13/40

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APR 9 1940
BUREAU V. S.

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (160-a)

03313

CERTIFICATE OF DEATH

Reg. Dist. No. 223-

1. PLACE OF DEATH:

County: Montgomery

City or town: Takoma Park
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium and Hospital

Stay in hospital or inst. (yrs., or mos., or days)

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State: D.C. County:

City or town: Washington Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No.: 116 C Street, N.E.
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: unnamed female. Baby Turnbull

3. (b) Social Security Number

4. Sex: Female

5. Color or race: White

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age ... years

7. Birth date of deceased (mo., day, yr.): March 29, 1940 - 4 26 p.m.

8. AGE: Years — Months — Days — If less than one day: 13 hrs. 4 min.

9. Birthplace: Takoma Park Montgomery Co. Maryland
(Town, county, and state)

10. Usual occupation: —

11. Industry or business: —

FATHER
12. Name: Charles LeRoy Turnbull
13. Birthplace: Monroe City, Missouri

MOTHER
14. Maiden name: Blanche Warfield
15. Birthplace: Barboursville, Kentucky

16. Informant: Washington Sanitarium Records
Address: Takoma Park, Maryland

17. Wash. D.C. (Burial, cremation, or removal. Which?) Date thereof: Mar 30 1940 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director: J. Wm Lee Sons
Address: 300 4th St N.E.

19. Mar 30 1940 (Date rec'd by registrar) J. Hilton Dodd Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH: March 30 1940, at 5-30 a.m.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from March 29 1940, to March 30 1940, and that I last saw her alive on March 30 1940.

Immediate cause of death: Toxemia pregnancy ~~Birth~~ Intracranial hemorrhage

Due to: Pre-eclamptic toxemia in mother

Due to: Birth injury -

Other conditions
(Include pregnancy within 3 months of death)

Major findings:
Of operations
Of autopsy: no

DURATION

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury — Injured at work?

23. SIGNATURE: Emma Hughes M.D. (M. D. or other)

Address: Takoma Park, Md. Date signed: 3-30-41

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

VS A15

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APR 5 1940
U. S.

STATE OF MARYLAND—CERTIFICATE OF DEATH

03314

1. PLACE OF DEATH (94E)

County Montg Co Registration Dist. No. 218

Village or City Gaithersburg Md (City) No. Methodist Home St., Ward
(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred 2 yrs. 6 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Kate Carlton Vinson If U. S. Veteran, specify WAR

(a) Residence: No. Gaithersburg Md St., Ward.
(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Married

5a. If married, widowed, or divorced HUSBAND of (or) WIFE of James D Vinson

6. DATE OF BIRTH (month, dey, and yeer) June 20th 1865

7. AGE 1865 Years 74 Months 9 Days 4 If LESS than 1 dey, hrs. or min.

OCCUPATION
8. Trade, profession, or perticular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. House Wife
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. " "
10. Dete deceesed last worked at this occupation (month and year) "
11. Total time (years) spent in this occupation "

12. BIRTHPLACE (city or town) (Stete or country) Maryland

FATHER
13. NAME John J Moran
14. BIRTHPLACE (city or town) (Stete or country) Maryland

MOTHER
15. MAIDEN NAME Mary J Green
16. BIRTHPLACE (city or town) (Stete or country) Maryland

17. INFORMANT (Address) Methodist Home, H M Wilson, Gaithersburg Md

18. BURIAL, CREMATION, OR REMOVAL Place Burial Darnstown Md Dete Mar 28th40, 19

19. UNDERTAKER (Address) Darnstown Md Ernest C Gartner Gaithersburg Md

20. FILED March 26 1940 Alfreda G. Cooke Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 24 (Dey), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Sept., 1939, to March 24, 1940

I last saw her alive on March 24, 1940; deeth is seid to heve occurred on the dete stated ebove, et 6:35 P.m.

The PRINCIPAL CAUSE OF DEATH and releted ceuses of importance were es follows:

	Date of onset
Angina pectoris	
Arteriosclerosis	
Hypertension	

Other Contributory Causes of Importance:

Name of operation Date of

Whet test confirmed diegnosis? Was there an eu'opsy? No

23. If deeth wes due to externel causes (VIOLENCE) fill in elso the following:

Accident, suicide, or homicide? Dete of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Neture of injury

24. Was diseese or injury in eny wey releted to occupation of deceesed? No

If so, specify

(Signed) Esther F. Huber M. D.

(Address) Rockville, Md.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

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Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (131-P)

CERTIFICATE OF DEATH

03315

Reg. Diat. No. 216

1. PLACE OF DEATH:
County 6904 Brookville Road
City or town Chevy Chase, Md.
(If outside city or town limits, write RURAL NEAR and give town)
Street address, hospital, or institution:

Stay in hospital or inst. (yrs., or mos., or days)
Stay in this community (yrs., or mos., or days) Fifteen years

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)
State Maryland County Montgomery
City or town Chevy Chase Ward No.
(If outside city or town limits, write RURAL NEAR and give town)
Street No. 6904 Brookville Road.
(If rural give LOCATION)
2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Nettie Palmer Waddy

3. (b) Social Security Number none

4. Sex	5. Color or race	6. (a) Single, married, widowed, or divorced
Female	White	widowed

6 (b) Name of husband or wife Herman B. Waddy
deceased 6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) March 4 - 1865

8. AGE: Years	Months	Days	If less than one day
74	11	30	✓ hrs. min.

9. Birthplace West moreland Co. Va
(Town, county, and state)
10. Usual occupation Retired
11. Industry or business

FATHER 12. Name	John D. Palmer
FATHER 13. Birthplace	Westmoreland Co. Va
MOTHER 14. Maiden name	Martha Frances Everett
MOTHER 15. Birthplace	Richmond Co. Va

16. Informant Mary D. Medler
Address 6904 Brookville Road.

17. burial (Burial, cremation, or removal. Which?) Date thereof Mar. 5, 1940 (month) (day) (year)
Cemetery or crematory Washington Memorial Park
Location Riggs Road Md.
18. Funeral director W. Reuben Trumphrey
Address 7005 Wis. Ave Bethesda Md

19. Mar. 5 1940 (Date rec'd by registrar) B. C. Perry, M.D. Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 7a M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from May 1 1938 to March 3 1940
and that I last saw her alive on March 3 1940

	DURATION
Immediate cause of death Cardiac Decompensation	3 days
Due to Generalized Arteriosclerosis (very slight)	3 yrs.
Due to Chronic Arthritis	
Other conditions Chronic Nephritis and Uremia	1 mo.

(Include pregnancy within 3 months of death)

Major findings:
Of operations none
Of autopsy none

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:
Accident, suicide, or homicide Date of
Where did injury occur? (City or town) (County) (State)
Injured at home, farm, industry, public place (where?)
Means of injury Injured at work?

23. SIGNATURE Clayton Hawfield M.D.
M. D. or other
Address 1616-16th St Date signed 3-3-40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (46-E)

CERTIFICATE OF DEATH

03316

Reg. Dist. No. 223

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

MARGIN RESERVED FOR BINDING

VS A15

1. PLACE OF DEATH:

County Montgomery

City or town Takoma Park

(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: Washington Sanitarium & Hospital

Stay in hospital or inst. (yrs., or mos., or days) 14 days

Stay in this community (yrs., or mos., or days) 14 days

2. USUAL RESIDENCE (HOME) OF DECEASED:

(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Chevy Chase Ward No.

(If outside city or town limits, write RURAL NEAR and give town)

Street No. 530 East Woodbine Ave.

(If rural give LOCATION)

2(c) IF VETERAN, NAME WAR

3. (a) FULL NAME Mr. William J. Williams

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Male	White	Married

B (b) Name of ~~husband~~ or wife Pearl B. Williams

6(c) If alive, give age ____ years

7. Birth date of deceased (mo., day, yr.) May 8, 1878

8. AGE: Years	Months	Days	If less than one day
61	11	9	____ hrs. ____ min.

9. Birthplace New Wales, Wisconsin (Town, county, and state)

10. Usual occupation Retired

11. Industry or business

FATHER 12. Name John Williams

13. Birthplace Wales, England

MOTHER 14. Maiden name Does not Know

15. Birthplace unknown

16. Informant Washington Sanitarium Records

Address Takoma Park, Md.

17. Washington, D.C. (Burial, cremation, or removal. Which?) Date thereof Mar. 31-1940 (month) (day) (year)

Cemetery or crematory

Location

18. Funeral director J. Wm. Leeds Sons

Address 300 - 4½ St. N.E. Washington D.C.

19. Mar. 31 1940 (Date rec'd by registrar) J. Wilson Reed Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH 3/30 1940, at 2:10 P.M.

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 3/16 1940, to 3/30 1940, and that I last saw h~~im~~er alive on 3/30 1940

	DURATION
Immediate cause of death Pyloric Obstruction	2 weeks
Due to Carcinoma of pylorus and duodenum	4 mos
Due to	
Other conditions	

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Date of

Where did injury occur? (City or town) (County) (State)

Injured at home, farm, industry, public place (where?)

Means of injury Injured at work?

23. SIGNATURE Arthur E. Coyne M.D. M.D. or other

Address Takoma Park Md. Date signed 3/30/40

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03317

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH (94a)

County Montgomery Registration Dist. No. 214

Village or City Silver Springs No. Md St., Ward

(If death occurred in a hospital or institution, give its NAME instead of street and number)

Length of residence in city or town where death occurred yrs. 4 mos. ds. How long in U.S. if of foreign birth? yrs. mos. ds.

2. FULL NAME Margaret Duncan Welton

(a) Residence: No. 211-Biltmore Drive St., Ward.

(Usual place of abode) If nonresident give city or town and State

PERSONAL AND STATISTICAL PARTICULARS

3. SEX: Female
4. COLOR OR RACE: White
5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (*write* the word): Widow

5a. If married, widowed, or divorced ~~HUSBAND of~~ (or) WIFE of Harry Clarence Welton

6. DATE OF BIRTH (month, day, and year) Jan 13-1883

7. AGE: Years 57 | Months 1 | Days 16 | If LESS than 1 day, hrs. or min.

OCCUPATION

8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. At Home

9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (city or town) (State or country) Waterbury Conn.

FATHER

13. NAME William Gunning

14. BIRTHPLACE (city or town) (State or country) Ireland

MOTHER

15. MAIDEN NAME Ellen Hennary

16. BIRTHPLACE (city or town) (State or country) Ireland

17. INFORMANT Mrs Elenor Welton Mullins (Address) 211-Biltmore Drive

18. BURIAL, CREMATION, OR REMOVAL Place Wash. D.C. Date March 1, 1940

19. UNDERTAKER J Arthur Walters (Address) 254 Carroll St N.W.

20. FILED 3/1, 1940 J. E. Wudley Jr. Deputy Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH March (Month) 1st (Day), 1940 (Year)

22. I HEREBY CERTIFY, That I attended deceased from Oct 5th, 1939, to March 1st, 1940 I last saw her alive on March 1, 1940; death is said to have occurred on the date stated above, at 2:10 A.m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:

	Date of onset
Coronary thrombosis	2-16-40

Other Contributory Causes of importance:

Arteriosclerosis	10 yrs.
Pulmonary edema	2-15-40

Name of operation None Date of

What test confirmed diagnosis? electrocardiogram Was there an autopsy? No

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide? Date of injury, 19

Where did injury occur? (Specify city or town, county and State)

Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

Manner of injury

Nature of injury

24. Was disease or injury in any way related to occupation of deceased? No

If so, specify

(Signed) Samuel M Bageaux M.D.

(Address) 5600 N. H. Ave. Wash. D.C.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1

UNITED STATES STANDARD CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as **servant—private family, cook—hotel,** etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.
10.—The month and year the deceased last worked at the occupation.
11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as **spinner, weaver,** etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as **grocery store, soap factory, cotton mill,** etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as **civil engineer, mechanical engineer, mining engineer, stationary engineer,** etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as **carpenter, painter, machinist,** etc. Distinguish carefully between **retail merchants** and **wholesale merchants.** A person who sells goods should be called a **salesman** and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I

The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	*1915*
Chronic interstitial nephritis	*1921*
Cerebral hemorrhage	*July 5, 1927*
Other contributory causes of importance:	
Gallstones	*May 1, 1923*

Example II

The principal cause of death and related causes of importance were as follows:	Date of onset
Attack of epilepsy	*1 week ago*
Run over by street car	*1 week ago*
Peritonitis	*3 days ago*
Other contributory causes of importance:	
Gastroenteritis	*1 year*

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore (164C)

03318

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution: The Montgomery County General Hospital Inc

Stay in hospital or inst. (yrs., or mos., or days) 1 day

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland. County Montgomery

City or town Silver Spring, Md Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. Colesville
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME: Miss Florence M Waters

3. (b) Social Security Number

4. Sex: female

5. Color or race: white

6. (a) Single, married, widowed, or divorced: Single

6 (b) Name of husband or wife

6(c) If alive, give age years

7. Birth date of deceased (mo., day, yr.) October 29, 1880

8. AGE: Years 59 Months 4 Days 5 If less than one day hrs. min.

9. Birthplace Lisbon, Howard Co. Maryland
(Town, county, and state)

10. Usual occupation Housekeeper

11. Industry or business

FATHER
12. Name Mr. Samuel D. Waters
13. Birthplace Mt. Airy, Carroll Co. Md.

MOTHER
14. Maiden name Miss Florence Aevings
15. Birthplace Lisbon, Howard Co. Maryland

16. Informant Hospital records MRS SOMESET WATERS

Address OWIN & MILLS MD

17. BURIAL (Burial, cremation, or removal. Which?) Date thereof 3 (month) 6 (day) 40 (year)

Cemetery or crematory DRUID RIDGE

Location BALTO Co MD

18. Funeral director Wm J. Lickner & Son

Address North & Fa ave. Baltimore Md

19. March 4 1940 (Date rec'd by registrar) Gertrude B Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH Mar 4 1940, at 7.45 am

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from 19 , to 19 ,
and that I last saw h alive on 19 .

Immediate cause of death: Coroner Case Suicide Gun Shot wound thru head. Also bullett passed thru left hand

DURATION

Due to

Due to

Other conditions

(Include pregnancy within 3 months of death)

Major findings:

Of operations

Of autopsy no

PHYSICIAN

Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide Suicide Date of 3/3/40

Where did injury occur? Colesville (City or town) Montgomery (County) Md (State)

Injured at home, farm, industry, public place (where?) Home of Aunt

Means of injury Gun Shot wound injured at work? in head

23. SIGNATURE W E Hawks M D Deputy Medical Exp Mont Co

Address Rockville Md Date signed 3/4/40

MARGIN RESERVED FOR BINDING

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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MARYLAND STATE DEPARTMENT OF HEALTH

2411 N. Charles St., Baltimore

03315

CERTIFICATE OF DEATH

Reg. Dist. No. 217

1. PLACE OF DEATH:

County Montgomery

City or town Olney, Maryland.
(If outside city or town limits, write RURAL NEAR and give town)

Street address, hospital, or institution:
The Montgomery County General Hospital Inc.

Stay in hospital or inst. (yrs., or mos., or days) 3 days.

Stay in this community (yrs., or mos., or days)

2. USUAL RESIDENCE (HOME) OF DECEASED:
(For newborn infants give residence of mother)

State Maryland County Montgomery

City or town Washington Grove, Md. Ward No.
(If outside city or town limits, write RURAL NEAR and give town)

Street No. —
(If rural give LOCATION)

2(a) IF VETERAN, NAME WAR

3. (a) FULL NAME Mrs. Rosina V. Wolcott

3. (b) Social Security Number

4. Sex	5. Color or race	6.(a) Single, married, widowed, or divorced
Female	White	married

6 (b) Name of husband or wife Mr. John W. Wolcott

6(c) If alive, give age 55 years

7. Birth date of deceased (mo., day, yr.) October 9, 1886

8. AGE: Years	Months	Days	If less than one day
53	4	24	____ hrs. ____ min.

9. Birthplace Washington, D.C.
(Town, county, and state)

10. Usual occupation Housewife.

11. Industry or business Home.

FATHER
12. Name Edward Francis Vermillion
13. Birthplace Maryland.

MOTHER
14. Maiden name Susan Beck
15. Birthplace Minn.

16. Informant Hospital Records.
Address

17. Burial (Burial, cremation, or removal. Which?) Date thereof Mar. 5, 1940 (month) (day) (year)

Cemetery or crematory Rockville Union Cemetery

Location Rockville, Md.

18. Funeral director Wm. P. Auburn Pumphrey

Address Rockville - Md

19. March 3 1940 (Date rec'd by registrar) Gertrude B. Lawler Registrar

MEDICAL CERTIFICATION

20. DATE OF DEATH March 3 1940, at 12:50 P.M

21. I CERTIFY that death occurred on the date above stated; that I attended deceased from February 29 1940, to March 3 1940, and that I last saw her alive on March 3 1940.

	DURATION
Immediate cause of death Pneumococcic Pneumonia	3 days
Due to	
Due to Lobar Pneumonia.	5 days
Other conditions —	

(Include pregnancy within 3 months of death)

Major findings:
Of operations None.

Of autopsy no

PHYSICIAN
Please underline the cause to which death should be charged statistically.

22. VIOLENCE: If death was due to external causes, fill in the following:

Accident, suicide, or homicide — Date of —

Where did injury occur? — (City or town) (County) (State)

Injured at home, farm, industry, public place (where?) —

Means of injury Injured at work?

23. SIGNATURE J. M. D. M. D. or other

Address Sandy Spring, Md. Date signed 3/3/40

PLEASE WRITE PLAINLY, WITH UNFADING INK. Every item of information should carefully be supplied. The correct age is especially important. Physicians: please write the causes of death clearly and legibly.

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